

**OKLAHOMA STATE DEPARTMENT OF HEALTH
BOARD OF HEALTH ORIENTATION**
Edward A. Legako M.D.
July 24, 2017



9:00 – 9:30	Overview Martha Burger / Terry Cline
9:30 – 10:15	Health Improvement Services Julie Cox-Kain
10:15 – 10:30	Office of the Chief Operating Officer Deborah Nichols
10:30 – 10:45	Break
10:45 – 11:00	Finance/Budget Michael Romero
11:00 – 11:30	Ethics & Office of Accountability Systems/Office of General Counsel Jay Holland / Don Maisch
11:30 – 12:30	Working Lunch / Office of State Epidemiologist, Dr. Kristy Bradley
12:30 – 12:45	Break
12:45 – 1:30	Community & Family Health Services Tina Johnson
1:30 – 2:15	Protective Health Services Dr. Henry Hartsell
2:15 – 2:30	Wrap up Dr. Terry Cline

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JULY 24, 2017

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O K L A H O M A S T A T E B O A R D O F H E A L T H

NEW BOARD OF HEALTH MEMBER ORIENTATION



**Martha Burger, M.B.A
President, State Board of Health**

**Terry Cline, Ph.D.
Secretary of Health and Human Services
Commissioner of Health
July 24, 2017**

STATE BOARD OF HEALTH EXPECTATIONS

VISION

Creating a State of Health

MISSION

To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.

VALUES

Leadership - To provide vision and purpose in public health through knowledge, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy.

Integrity - To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, processes, and operations.

Community - To respect the importance, diversity, and contribution of individuals and community partners.

Service - To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

Accountability - To competently improve the public's health on the basis of sound scientific evidence and responsible research.



STATE BOARD OF HEALTH EXPECTATIONS

Governing Authority:

Title 63. 63 O.S. 1991, § 1-105; 25 O.S. 1991, § 301

Membership:

The State Board of Health shall consist of nine (9) members, appointed by the Governor and confirmed by the Senate, possessing qualifications listed in 63 O.S. 1991, § 1-103.

Board Powers and Duties:

1. Appoint and fix the compensation of a State Commissioner of Health;
2. Adopt such rules, and standards as it deems necessary to carry out any of the provisions of this Code;
3. Accept and disburse grants, allotments, gifts, devises, bequests, funds, appropriations, and other property made or offered to it; and
4. Establish such divisions, sections, bureaus, offices, and positions in the State Department of Health as it deems necessary to carry out the provisions of this Code.



STATE BOARD OF HEALTH EXPECTATIONS

Meetings:

- 10 Meetings Per Year
 - January through July and then December: meet one time per month for approximately 4 hours
 - August 1 ½ day retreat
 - September and November: (No meeting)
 - October: Joint Tri-Board meeting with Oklahoma City-County and Tulsa City-County
- Location is the Oklahoma State Department of Health unless otherwise determined by the Board

Open Meeting Act:

All meetings of the Board shall be conducted in compliance with the applicable provisions of the Oklahoma Open Meeting Act, 25 O.S. 1991, §§ 301 et seq., and laws amendatory thereto.



STATE BOARD OF HEALTH EXPECTATIONS

Committees:

- Executive Committee
- Finance Committee
- Public Health Policy Committee
- Accountability, Ethics and Audit Committee
- Retreat Planning and Development Committee

Committee Membership:

The membership of the Executive Committee is outlined in the authorizing statute. It shall consist of the Officers, elected annually, and presided over by the President. Committee membership and chair selection for the remaining committees is assigned by the President based on the preference of each Board member. Each committee shall consist of no more than four members of the Board. There are five standing committee assignments, with ad hoc committees determined as needed.

Meeting Materials:

Government email address assigned to conduct business

Meeting materials and other relevant Board materials available through web-based portal

Meeting and committee materials provided 2 weeks in advance of meeting



STATE BOARD OF HEALTH EXPECTATIONS

Annual Conflict of Interest Acknowledgement

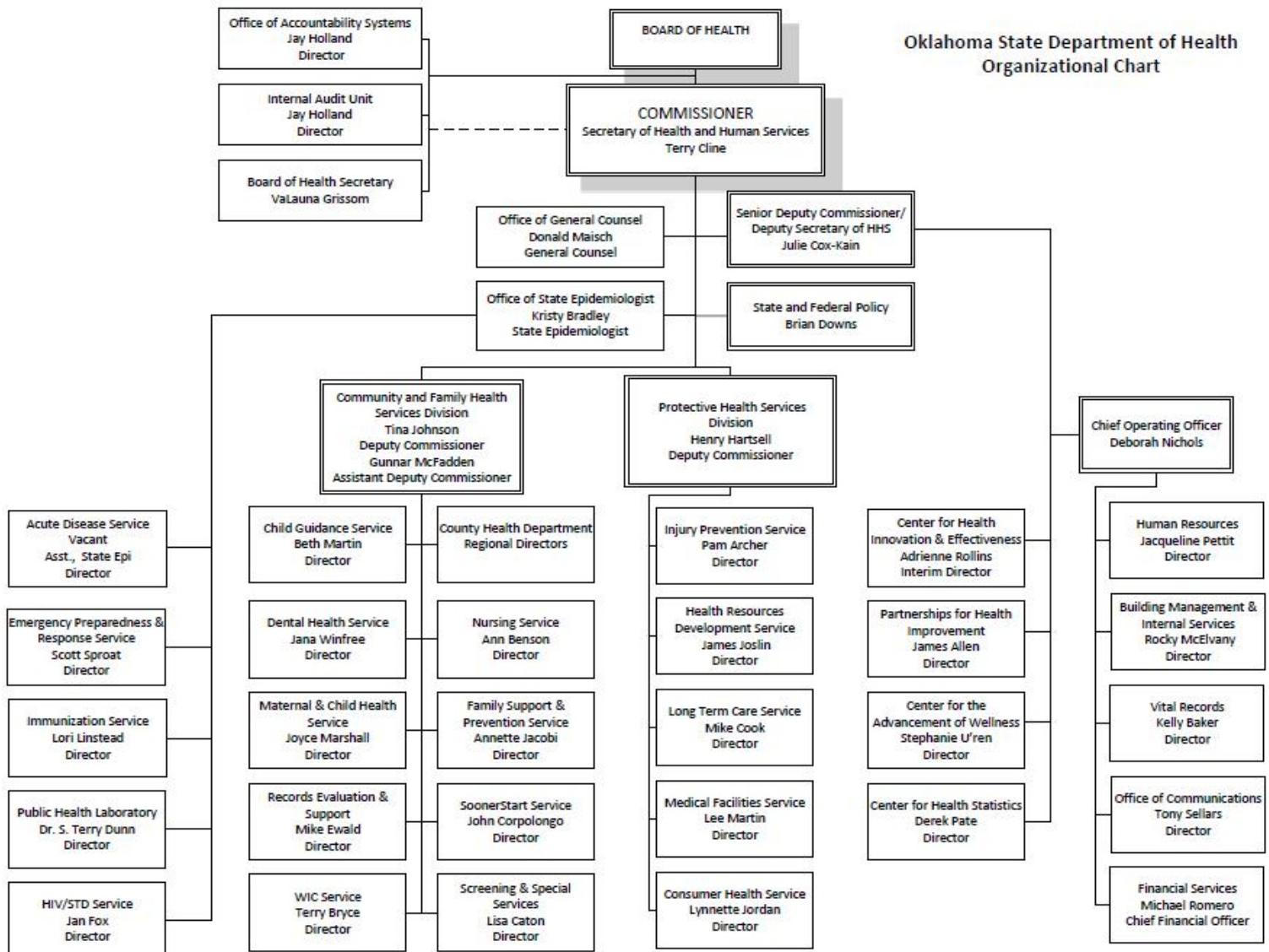
The State Board of Health is committed to maintaining the public trust. To demonstrate that ongoing commitment, members voluntarily complete an annual disclosure of known or potential conflicts of interest. While this disclosure does not imply that an association is inappropriate and/or does not preclude service, disclosure of interests and relationships provides a more transparent process.

Examples of such a disclosure might be:

1. ownership of or employment with a hospital system or other entity regulated by the OSDH; or
2. ownership of or employment with an entity funded by the OSDH or the entity may seek funding from the OSDH; or
3. employment with an entity directly and financially impacted by rules promulgated by the BOH.



**Oklahoma State Department of Health
Organizational Chart**



Updated: June 5, 2017

OKLAHOMA HEALTH DEPARTMENT STRUCTURE

- Population Served: 3.9 million Oklahomans
- Centralized health department system (OSDH) for state central office and 68 county health departments
 - 2,118 employees at 82 sites
 - \$393,210,524 million budget (approx 60% federal)
 - Governed by appointed Board of Health
 - Led by board-appointed Commissioner of Health
- Autonomous city-county health departments in Tulsa and Oklahoma City metropolitan areas
- Medicaid, Mental Health & DEQ separate agencies



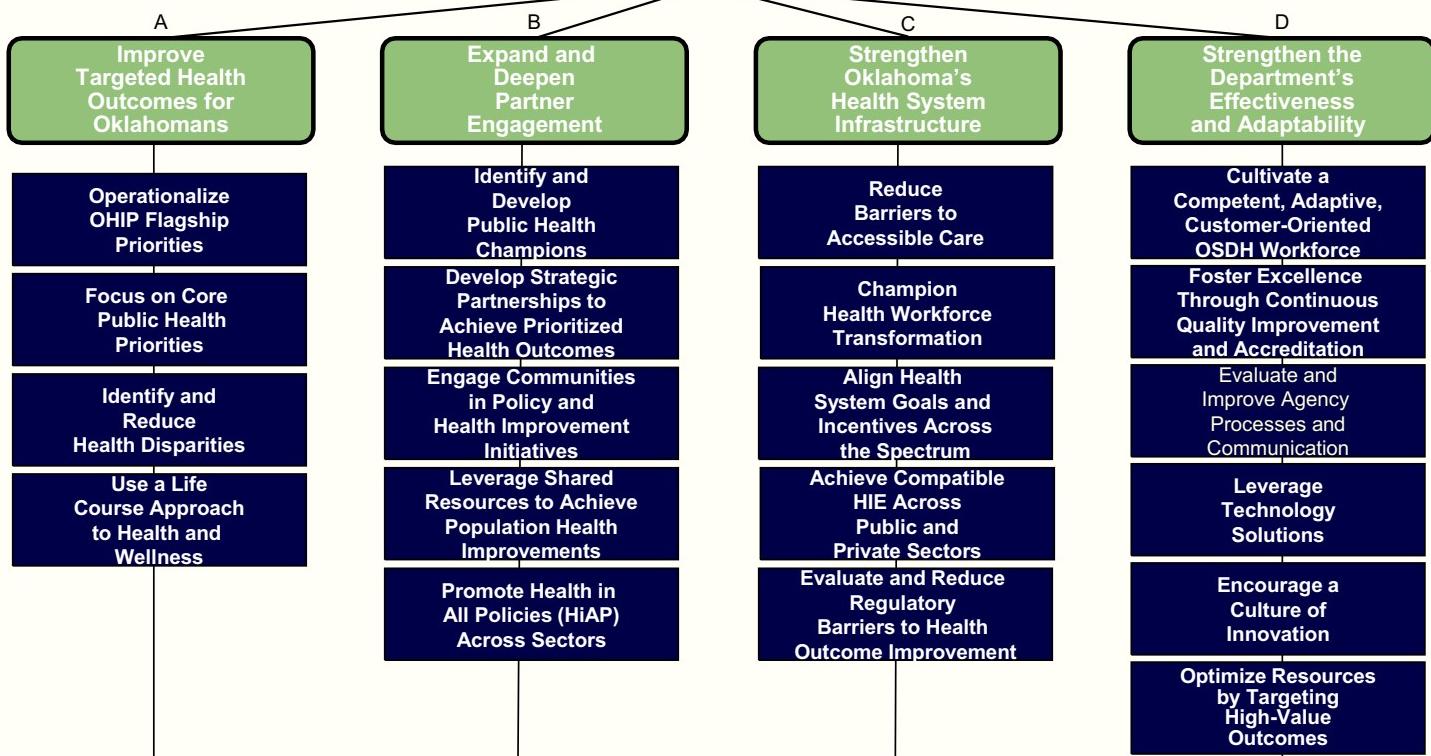
OSDH Appropriations History SFY09 - SFY18



Oklahoma State Department of Health
Strategic Map: 2015-2020

Approved
08/16/15

Improve Population Health



Address the Social Determinants of Health and Improve Health Equity

Promote Health Improvement Through Policy, Education and Healthy Behavior

Foster Data-Driven Decision Making and Evidence-Based Practices

OKLAHOMA HEALTH IMPROVEMENT PLAN (OHIP) FLAGSHIP ISSUES

 Children's Health Improvement

 Tobacco Use Prevention

 Obesity Reduction

 Behavioral Health



CORE PUBLIC HEALTH PRIORITIES

Disease & Injury Prevention

- Immunization
- Motor Vehicle Crash Hospitalizations
- Fall-Related Hospitalizations
- Preventable Hospitalizations
- Cardiovascular Disease Deaths

Imperatives

- All Hazards Preparedness
- Infectious Disease
- Public Health Mandates

Oklahoma Health Improvement Plan (OHIP)

- Obesity
- Tobacco
- Child Health
- Behavioral Health



LSTAT STRATEGIC PLANNING PRIORITY AREA LEAD CHAMPIONS

Improve Targeted Health Outcomes

- ✓ OHIP Flagship Issues
(Stephanie U'ren, Dr. Edd Rhoades)
- ✓ Core Public Health Priorities
(Drs. Kristy Bradley, Hank Hartsell)
- ✓ Identify and Reduce Health Disparities
(James Allen)
- ✓ Life Course Approach to Health
(Dr. Timothy Cathey)

Expand Partner Engagement

- ✓ Public Health Champions, Strategic Partnerships, Community Engagement
(Brandie O'Connor, Keith Reed, James Allen)
- ✓ Health in All Policies
(Adrienne Rollins)

Health System Infrastructure

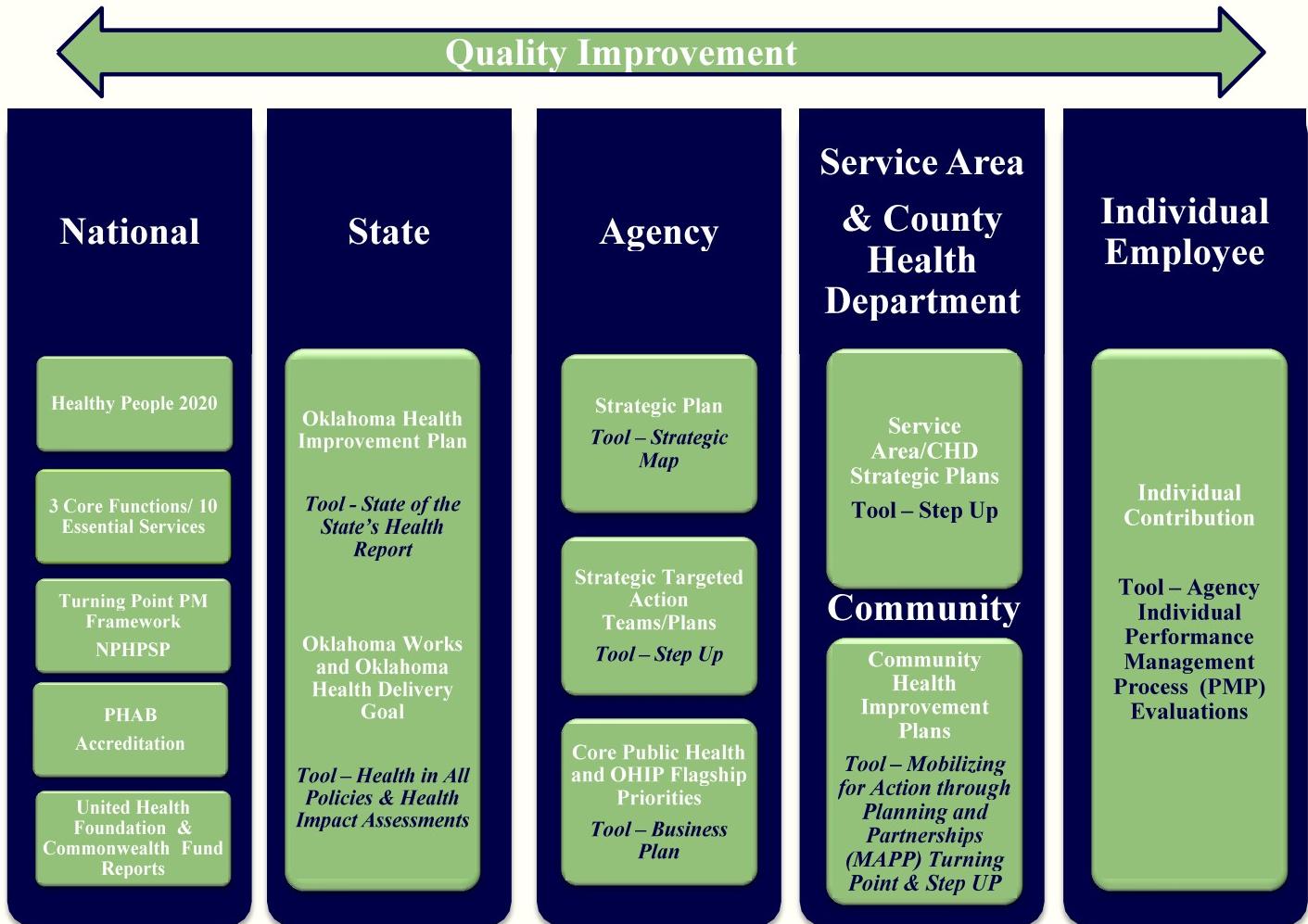
- ✓ Health System Transformation
(Julie Cox-Kain)
- ✓ Health Information Exchange
(Rebecca Moore)
- ✓ Evaluate and Reduce Regulatory Barriers
(Dr. Hank Hartsell)

OSDH Effectiveness and Adaptability

- ✓ OSDH Workforce, Agency Processes and Communication
(Deborah Nichols)
- ✓ Quality Improvement and Accreditation
(Deborah Nichols)
- ✓ Leverage Technology Solutions
(Rebecca Moore)
- ✓ Culture of Innovation
(Rebecca Moore)
- ✓ Optimize Resources
(Julie Cox-Kain)



OKLAHOMA HEALTH DEPARTMENT OF HEALTH PERFORMANCE MANAGEMENT MODEL



PUBLIC HEALTH ACCREDITATION PREREQUISITES

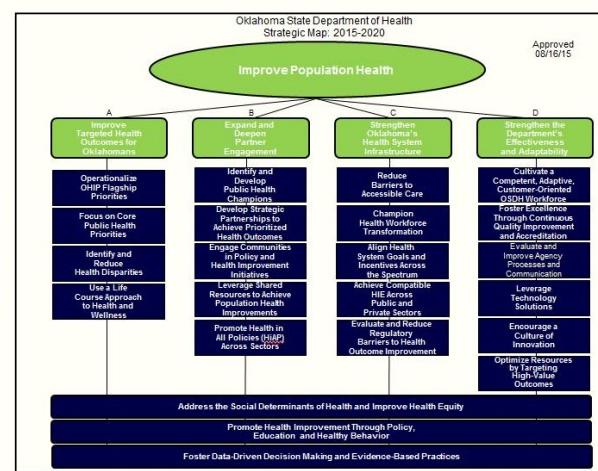
Assessment



Health Improvement Plan



Strategic Plan



Questions

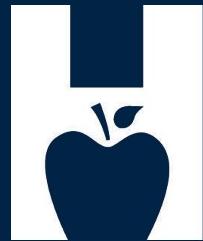


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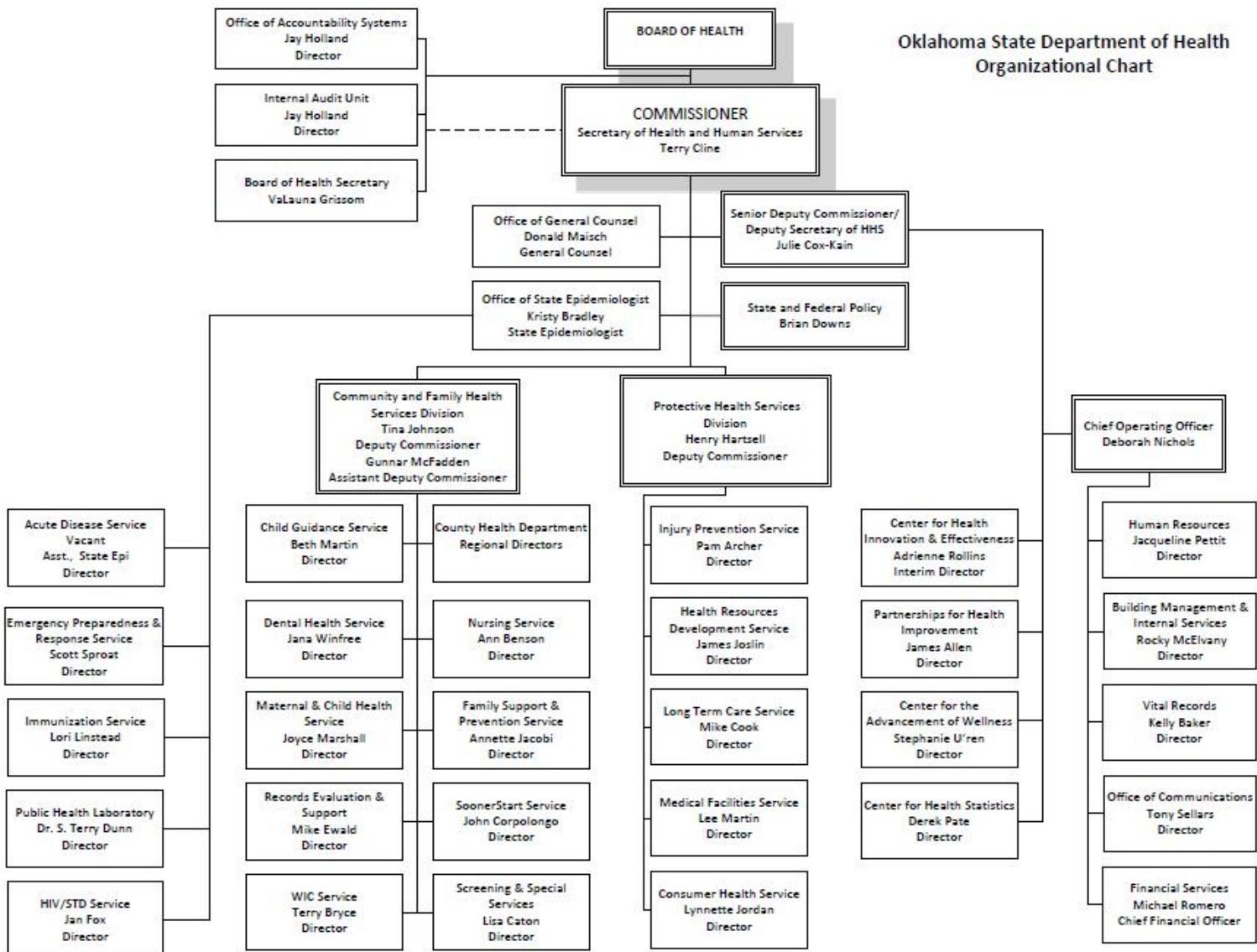
O K L A H O M A S T A T E B O A R D O F H E A L T H

NEW BOARD OF HEALTH MEMBER ORIENTATION



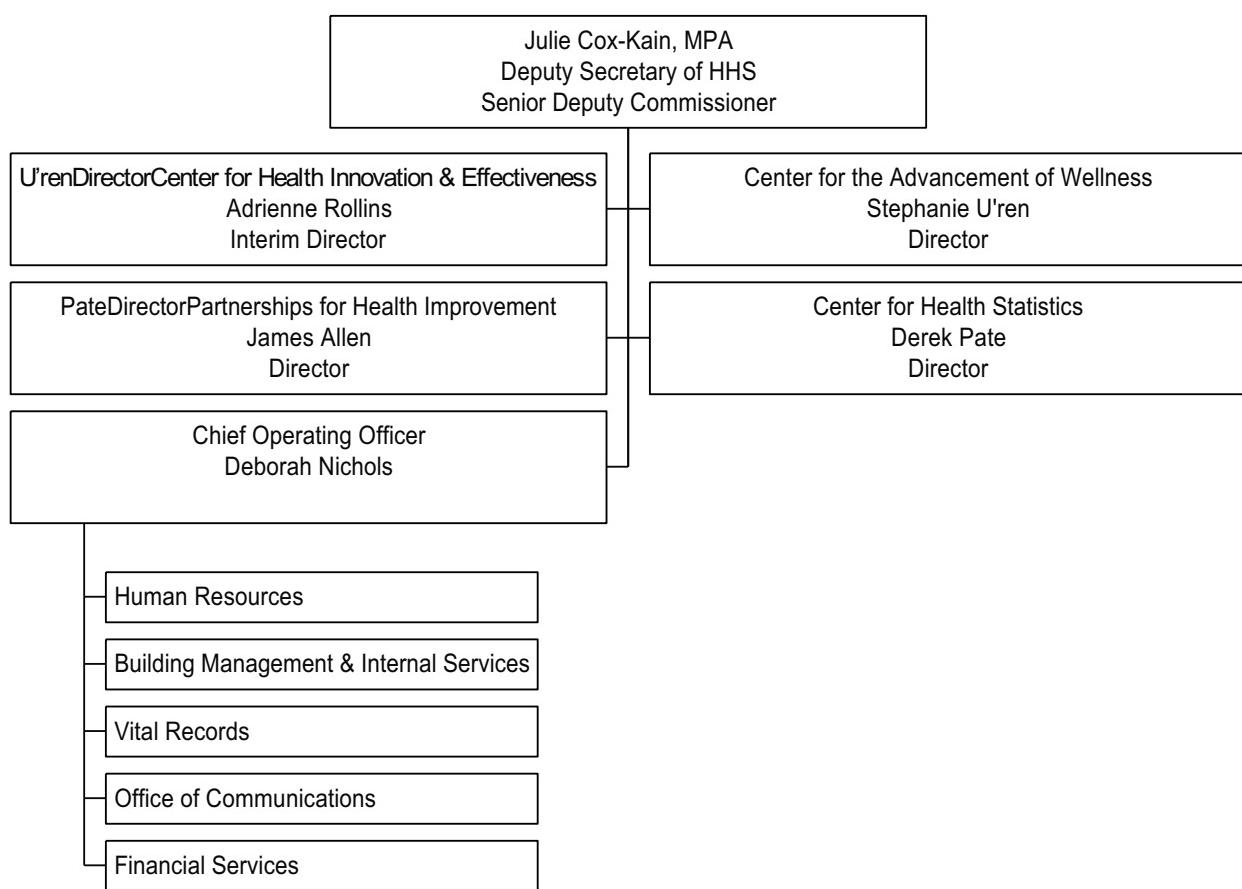
Julie Cox-Kain, M.P.A.
Deputy Secretary of Health and Human Services
Senior Deputy Commissioner
July 24, 2017

**Oklahoma State Department of Health
Organizational Chart**



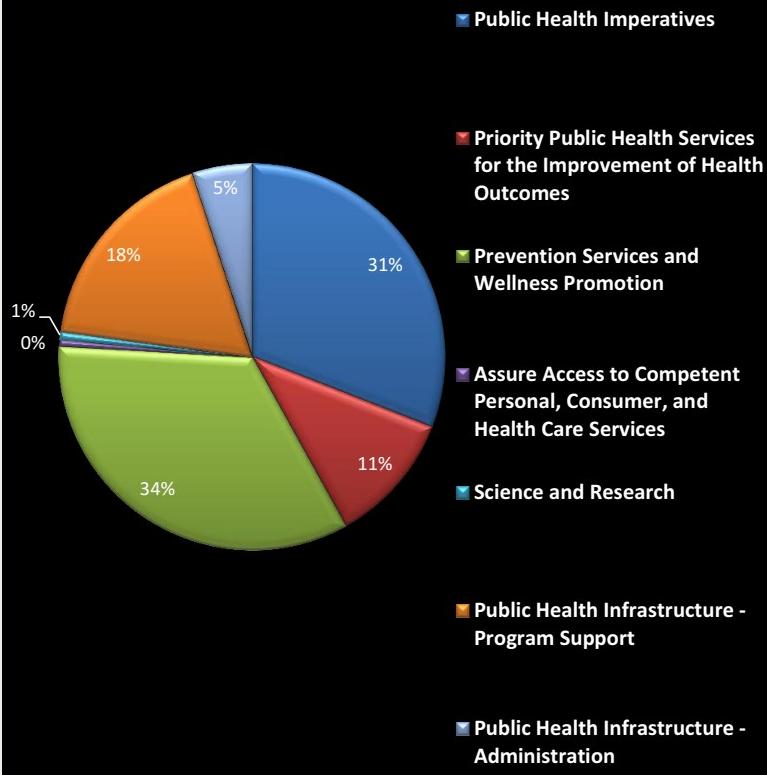
Updated: June 5, 2017

HEALTH IMPROVEMENT SERVICES

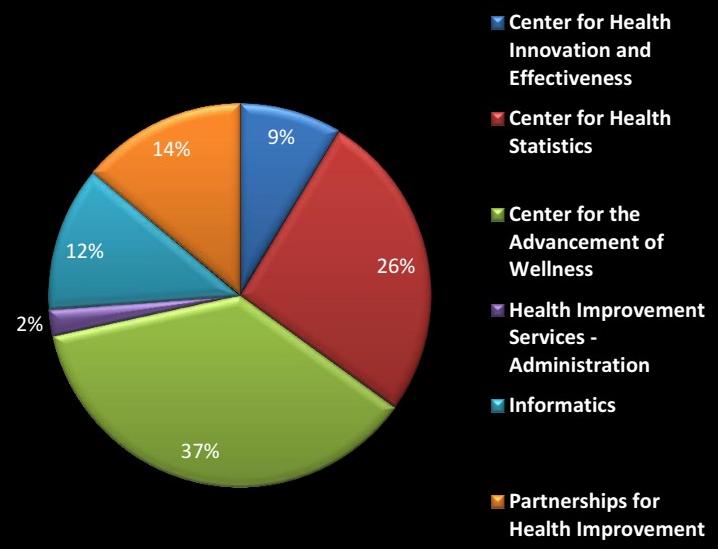


SFY-18 OSDH BUDGETED IMPERATIVE, REVENUE AND DIVISION

OSDH SFY-18 Budget by Imperative



Health Improvement Services by Program



AREAS OF RESPONSIBILITY

- Public Health Informatics
- Center for the Advancement of Wellness
- Partnerships for Health Improvement
- Center for Health Innovation & Effectiveness
- Center for Health Statistics
- Office of the Chief Operating Officer
 - Office of Communications
 - Office of Vital Records
 - Finance & Accounting Services
 - Human Resources
 - Building Management & Internal Services



PUBLIC HEALTH INFORMATICS

BECKI MOORE, MS

- Liaison to Oklahoma Management Enterprise, Information Services Division
- Data warehousing/data cube
- Agency data exchange management
- Privacy and Security
- Enterprise Services
 - Interoperable Public Health Information Systems (IPHIS)
 - Electronic Master Patient Index (eMPI)
 - Public Health Information Network (PHIN)
 - Shared Services
 - Meaningful Use
 - Health Information Exchange (HIE)



CENTER FOR THE ADVANCEMENT OF WELLNESS

STEPHANIE U'REN, MA LPC CPS

- Integrated Tobacco and Obesity Programs
- Leverage resources for the improvement of both Tobacco and Obesity
- Focus on Wellness (not solely weight loss or tobacco use)
- State program level:
 - Ensure comprehensive, scientific approach to creating a healthy environment
 - Provide technical assistance to communities
 - Implement state-level interventions to improve health behaviors
 - Target high-risk groups to eliminate disparities & improve health equity
 - Integrate evidence based interventions into all programs



PARTNERSHIPS FOR HEALTH IMPROVEMENT

JAMES ALLEN, MPH

- Office of Partner Engagement
 - OHIP
 - Partnership Consultants / Oklahoma Turning Point Council
- Office of Minority Health
 - Health Disparities
 - Limited English Proficiency (LEP) assistance
- Office of the Tribal Liaison
 - Formal Tribal Consultation / Government to Government
 - Tribal Public Health Advisory Committee
- Office of Performance Management
 - Public Health Accreditation
 - Strategic Planning / LSTAT / Performance Management System
- Office of Quality Improvement
 - QI Training and Project Management



CENTER FOR HEALTH INNOVATION AND EFFECTIVENESS

ADRIENNE ROLLINS, MPA, CPS

- Special Projects
- Primary Care & Rural Health Development Local Recruitment & Retention
- Primary Care & Rural Health Development Statewide Access to Care Planning
- Agency-wide Health Planning
- State Health Systems Innovation



CENTER FOR HEALTH STATISTICS

DEREK PATE, DR PH

- Health Care Information administers agency health surveys
 - Medicaid/Data matching activities
 - Geographic Information System (GIS)
 - Hospital Discharge Dataset
 - Behavioral Risk Factor Surveillance System (BRFSS)



OFFICE OF THE CHIEF OPERATING OFFICER

DEBORAH NICHOLS, BSN, MBA, JD

- Chief Financial Officer
- Human Resources
- Building Management and Internal Services
- Center for Vital Records
- Office of Communications



Questions



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O K L A H O M A S T A T E B O A R D O F H E A L T H

NEW BOARD OF HEALTH MEMBER ORIENTATION



Deborah Nichols, Chief Operating Officer

Michael Romero, Chief Financial Officer

July 24, 2017

OSDH Operations

Human Resources

- 2182 Employees
- Average turnover 13%
- >35% of employees are retained more than 10 years

Vital Records

- Birth and Death Records
- Vital Statistics
- Managing legislation and records related to social issues and deaths

Communications & Media

- Media contacts
- Branding and communications
- Web site and social media

Building Management

- Building Maintenance
- Renovations – Lab Space

Safety & Security

- Building and county office security
- Preparedness of staff for emergencies, e.g. fire, tornado
- Management of contracted security team

Financial Operations

- Budget and Funding (includes procurement)
- Payment and Reconciliation
- Grants and Reporting
- Revenue and Receiving

Day to Day Operations

- Grant Review
- Contract Review
- General Operations

Oklahoma Vital Statistics

53,000 births per year

6 babies born every hour

- 1 in 12 is low birth weight
- 1 in 33 has a mother who is less than 18 years old
- 2 in 5 are born to unmarried mothers
- 1 in 5 is born to a woman with less than a HS education
- 1 in 2 deliveries are paid for by Medicaid

38,000 deaths per year

4 people die every hour

Every day,

- 27 die from heart disease
- 22 die from cancer
- 6 die due to an accident
- 3 die from Diabetes
- 2 die due to Suicide
- 1 infant will die (age < 1 yr.)



Today's Issues in Vital Records

- Immigration
 - Citizenship, Anchor babies
- Sex/Gender
 - Same sex adoptions
 - Sex reassignment
 - Recognition of same sex marriages
- Surrogacy
- Fraud
 - Fraud prevention and Identity theft
- Mass Fatality Events
- Terrorism
- Presumption of Death
- Identity
- Parentage
 - DNA, AOP, and Court determined
- Tribal Affiliations
 - Access to education and healthcare
- Missing Children & Witness Protection
- Release of Data
 - Government, Administrative, Personal, Commercial, Research, Public Indexes
 - Record exchange with other state VRs
- Accreditation
 - VR on track to become first subset of PHAB
- Sovereign Citizens
- Out of Institution Births
- Assuming Responsibility for Dead Bodies
- Disinterment
 - Right of Disposition chain
 - Public Health impact
- Genealogy
- Fees
 - Taxation
- Data Providers
 - MEs, Doctors, Funeral Homes, Families, Hospitals



- Responsible for:
 - All statewide communications and brand identity
 - OSDH web site at ok.gov/health
 - Social Media – Facebook, Twitter, YouTube
 - All media contacts must go through the Office of Communications
 - News Releases
 - There are two Public Information Officers who will work with service areas and county health departments to create releases to promote the work of OSDH.

The Finance Department

Reports to the Chief Financial Officer (CFO)

Budget & Funding

- Fund all financial transactions
- Management of the county millage budgets
- Develop mechanism to forecast positions (people)
- Responsible for generating the Board of Health reports, responding to legislative inquiries and development of annual budget
- Oversees Procurement

Payment & Reconciliation

- Works with all OSDH service areas to ensure the timely payment of invoices
- Oversees the time & attendance system
- Responsible for processing of travel claims
- Reconciliation of expenditures and daily receipts

Grants & Reporting

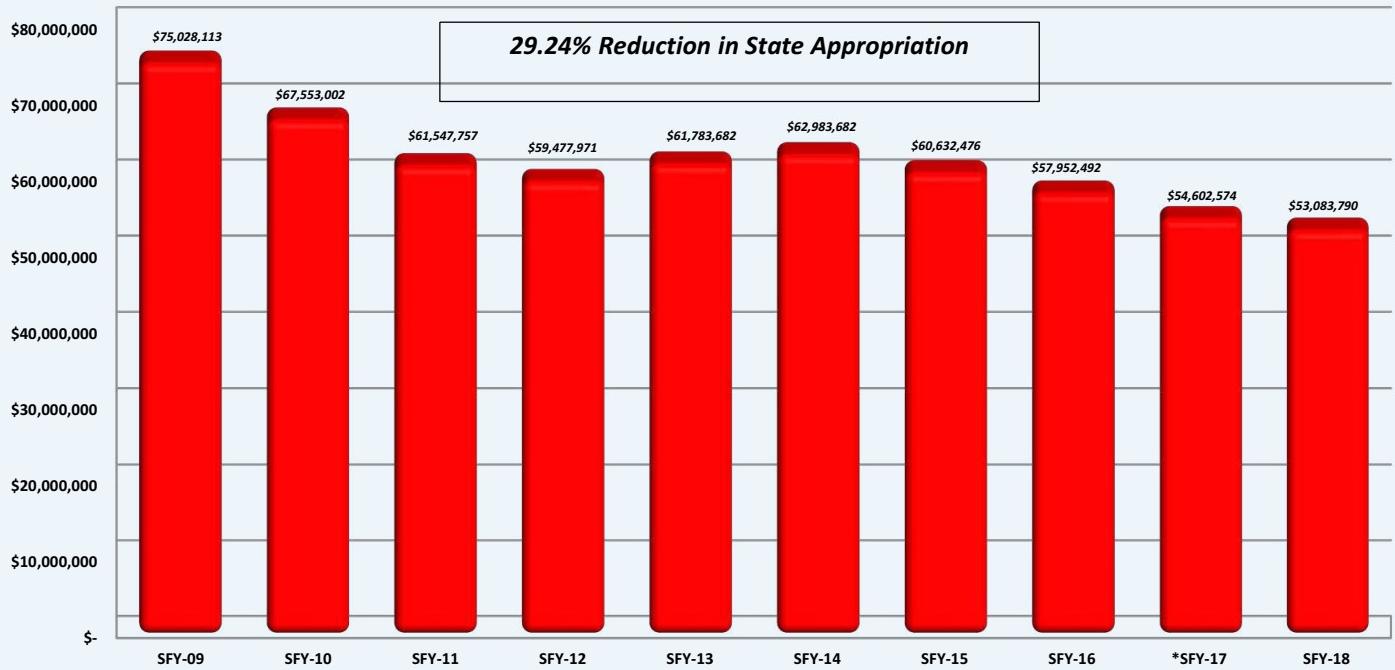
- Ensure timely submission of all grant applications
- Ensure timely draws for all federal funds are completed and deposited into the correct account
- Maintain accurate and timely reports for all federal draws
- Monitor Grant websites for new grant opportunities

Revenue & Receipting

- Manages all cash transactions
- Bills Medicaid, Medicare and private insurers including review, correction and resubmission of denied claims

The Budget Cycle

OSDH Appropriations History SFY09 - SFY18



Impact of Appropriation Reductions

OSDH Infrastructure – Reduced each year for a total reduction of \$6.4 million	<p>Reduction of 260 FTE (including 3 agency VOBO's) across all OSDH programs</p> <p>Five (5) County Health Department Closures</p> <ul style="list-style-type: none"> Creek County, Drumright Garvin County, Lindsay Harper County, Buffalo Omulgee County, Beggs & Henryetta <p>Suspension of all state funded positions in various years to meet the reduction.</p> <p>Significant reduction in Financial Management Services that impacts the ability to complete administrative requirements timely such as federal/state reporting and payment of invoices.</p>
Federally Qualified Health Centers (FQHC) Uncompensated Care - \$1,901,189 Reduction	FQHC Uncompensated Care Funding provides reimbursement of uncompensated care costs associated with the delivery of primary health care to uninsured patients. This represents a 49.4% reduction since 2010.
Elimination of Federally Qualified Health Centers (FQHC) Start Up Funding - \$700,000	Funding supported the FQHC Startup Program which assisted with the expansion of FQHCs in medically underserved Oklahoma communities.
Colorectal Cancer Screenings - \$500,000 Reduction	Colorectal cancer is the third most commonly diagnosed cancer in Oklahoma among men and women. This cancer can be detected early through the use of colonoscopies, and can prevent the development of colorectal cancer by removing pre-cancerous polyps and lesions. This service was provided to uninsured individuals in need of colorectal cancer screening. The reduction of \$500,000 will impact approximately 359 Oklahomans annually who will not receive these effective, preventive services at a cost of \$1,391 per screening.
Healthy Homes - \$187,565 Reduction	Reduced state funding to the Oklahoma Childhood Lead Poisoning Prevention Program that provides home assessment, environmental lead testing and follow-up to children with elevated blood lead levels. Other federal, state and local agencies rely on the State Department of Health to provide data and to monitor the wellbeing of children exposed to lead since this is a unique function of public health. The OSDH currently receives federal funding that allows us to meet the state mandate to operate the Childhood Lead Prevention Program.
Ryan White Maintenance of Effort (MOE) - \$786,000 Reduction	Due to a federal policy change in 2015, drug rebate funds are allowed to be used to meet state match and maintenance of effort requirements. No impact to program delivery.

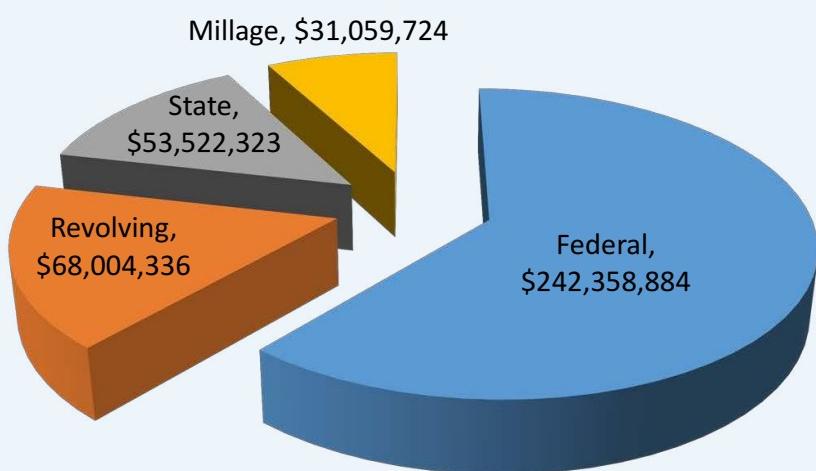
Impact of Appropriation Reductions

Oklahoma Child Abuse Prevention Program (OCAP) – \$849,078 Reduction	This significant reduction in the OCAP program resulted in the elimination of community contractors performing family support and development services using the evidence-based curriculum and programs. OCAP currently has 13 Start Right contracts to provide home visitation services statewide, reduced from 22 contracts in SFY09. The reduction in this program impacts 575 families who will not receive these services and 10,562 home visits annually.
Child Guidance Program - \$548,231 Reduction	The Child Guidance program provides behavioral health, child development, parent education and speech language services to children birth to age 13. Child Guidance is a key partner in a behavioral health system of care that works to ensure children and families have the services they need for success in school and throughout their lives. In 2009 the program had 89 clinician's statewide providing services to 64 county health departments. In July of 2010 the program was reorganized into regional hubs in 16 counties with 17 clinic sites (2 in Cleveland County) with 57 clinicians. By utilizing a regional hub organization, Child Guidance was able to maximize services by limiting travel and increasing available clinic time.
Dental Services - \$220,000 Reduction	OSDH eliminated dental health education services across the state in 2016.
Jail Inspections - \$150,000 Reduction	Reduced funding eliminated 1 jail inspector position impacting the frequency of jail inspections across the state.
Cord Blood Bank - \$500,000	Eliminated support for cord blood bank planning efforts.
Cancer Programs - \$860,000 Reduction	Reduced funds to the state match and maintenance of effort amount required by the federal grant. The reduced amount would have been available to provide approximately 2,765 women with breast and cervical cancer screenings.
Newborn Hearing/Screening - \$150,000 Reduction	Reduced funds to the newborn hearing screening program which resulted in the reduction of 1 FTE hampering the ability to conduct follow-up services for families of children with hearing loss and perform training to hospitals on use of hearing screeners (historically purchased through state appropriation). This could delay or prevent children from getting screened for hearing loss or receiving appropriate care and treatment. There are 200 children screened and identified with hearing loss each year.

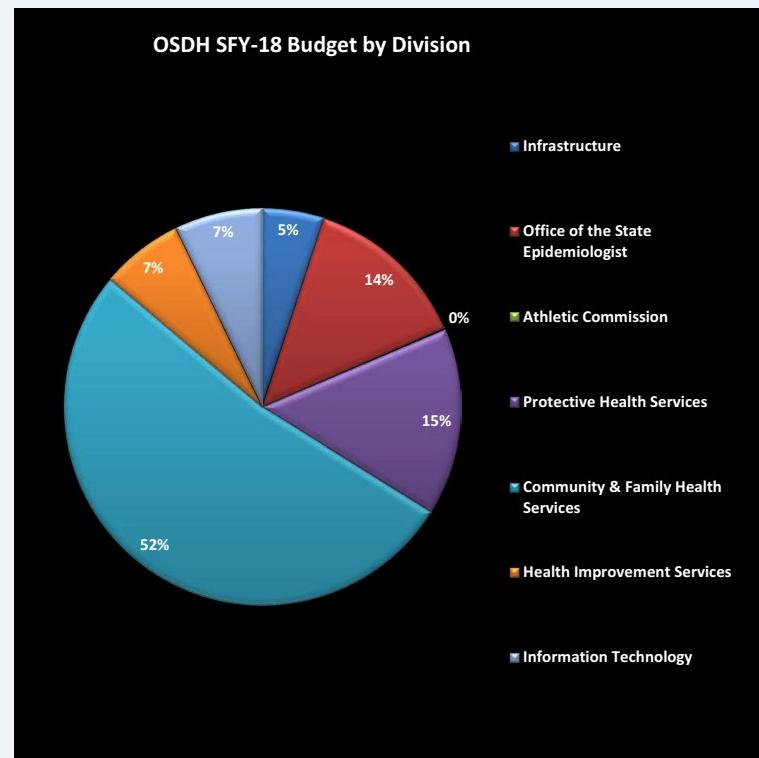
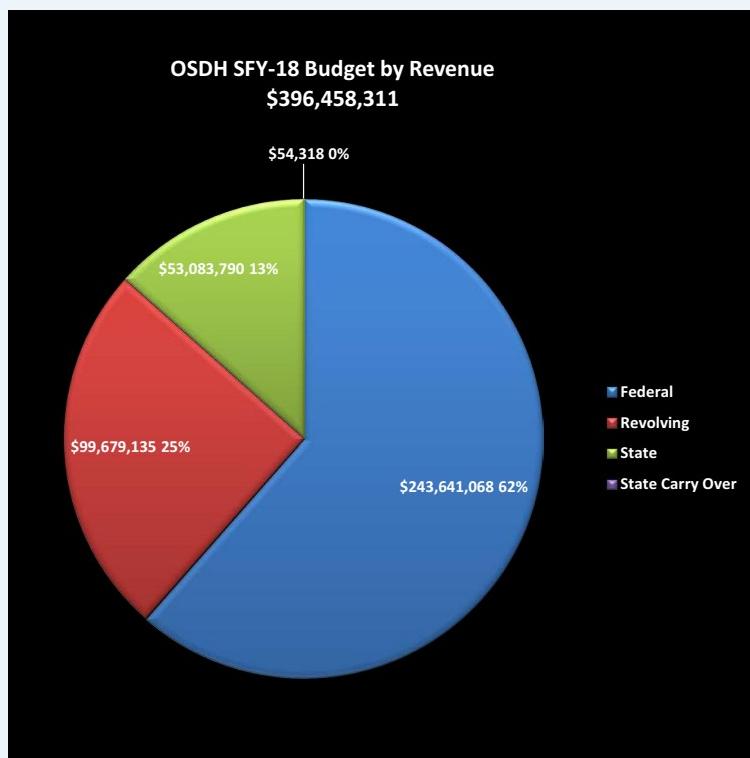
Impact of Appropriation Reductions

Strategic Planning (STEP-UP) Software Purchase - \$220,000 Reduction	Eliminated a performance management software update to the Strategies Toward Excellent Performance – Unlimited Potential (STEP-UP) system.
Elimination of contracts - \$7.7 million	Elimination of contracts to support health programs such as: Pediatric Endocrinology Alzheimer's Research & Support Institute for Disaster and Emergency Response Hearts for Hearing Sickle Cell Research Foundation Teen Violence Prevention (List is not inclusive of all contracts eliminated since 2009)
Oklahoma State Athletic Commission - \$19,920 Reduction	The reduction of state funds has impacted the Athletic Commission by reducing the number of inspectors from 37 to 28 across the state and reduced training opportunities for the remaining inspectors. Reduced attendance by Board Commissioners to national conferences to on Athletic Commission rules and changes nationwide. The Athletic Commission relies heavily on fee funding to support the required activities across the state.
Cost savings initiatives – Estimated Annual Savings of \$2.1 million	In addition to budgetary reductions the OSDH has undertaken a number of cost savings initiatives to reduce agency costs and assist sister agencies in implementing efficiencies. Strategic use of state cars for field staff to reduce in-state travel expenses Printer consolidation – Eliminated approximately 470 printers Agency reorganizations (including the elimination of three executive management level positions) OSDH and the Office of Juvenile Affairs (OJA) are now sharing space in 5) county health department locations with resulting benefits that include: Reduced lease costs for OJA which saves approximately \$31,000 annually. Co-locating OJA and OSDH programs are ensure high-risk teens are receiving needed services, e.g. immunization, smoking cessation, assistance with teen pregnancy, nurse home visitation for teen mothers, etc. Collaborating with the Department of Corrections to provide access to lower cost medications for the incarcerated HIV population.

SFY 17 Sources of Revenue \$394,945,267



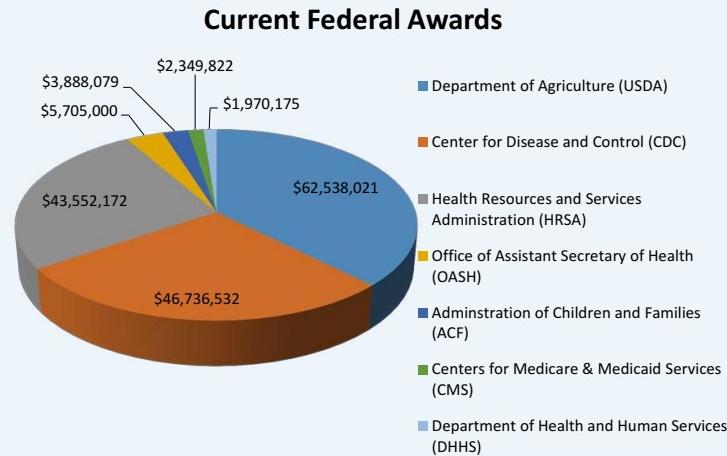
SFY-18 OSDH BUDGETED REVENUE AND DIVISION



Financial Services – Grants Division

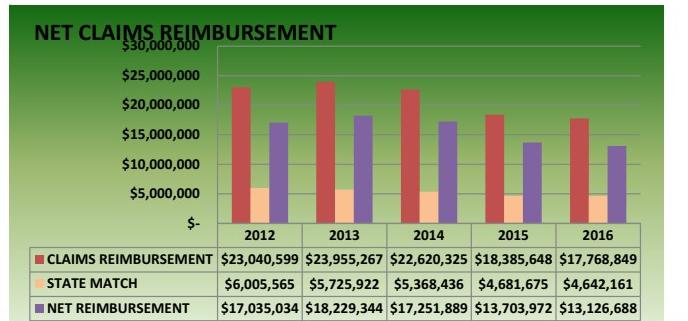
- 70 Active Grants
- 20 Revenue Generating Contracts
- Perform Financial Reporting Function
- Prepare and submit Contract Invoicing
- Respond to Federal and State Audit Requests

Awarding Agency	Current Awards
Department of Agriculture (USDA)	\$ 62,538,021
Center for Disease Control (CDC)	\$ 46,736,532
Health Resources and Services Administration (HRSA)	\$ 43,552,172
Office of Assistant Secretary of Health (OASH)	\$ 5,705,000
Administration of Children and Families (ACF)	\$ 3,888,079
Centers for Medicare & Medicaid Services (CMS)	\$ 2,349,822
Department of Health and Human Services (DHHS)	\$ 1,970,175
Total	\$166,739,801



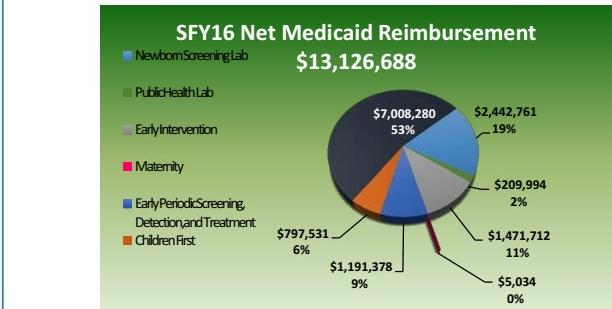
Medicaid & Third Party Billing

- In 2012, each Medicaid dollar included 63.88 cents of federal money and 36.12 cents of state money. The FMAP has steadily decreased and beginning October 2017, the state will contribute 41.43 cents for every Medicaid dollar and 58.57 cents will be federal money.
- Oklahoma Health Care Authority (OHCA) reimburses claims for Medicaid services with federal dollars. OSDH then returns to OHCA a percentage of the reimbursements received (based on the current FMAP) as payment of the state match. (Net Medicaid Reimbursement = OHCA Claim Reimbursement less State Match Payment).
- Services provided to clients and billed to Medicaid include:
 - Newborn Screening Lab
 - Public Health Lab
 - Early Intervention
 - Maternity



- Medicaid is a health insurance program jointly funded by the federal government and the state. The federal government's share of the state's expenditures for most Medicaid services is called the federal medical assistance percentage (FMAP). The remainder (state match) is paid by OSDH.
- While Medicaid is the largest third party reimbursement for clinical services, OSDH also has bills and contracts with private insurers and Medicare. OSDH is currently contracted with:

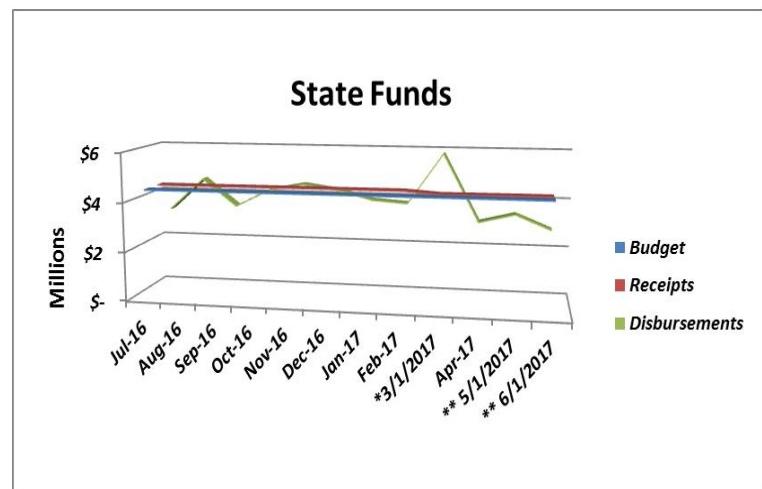
- Blue Cross
- Global Health - pending
- Health Choice
- Community Care
- Aetna - pending
- Cigna - pending



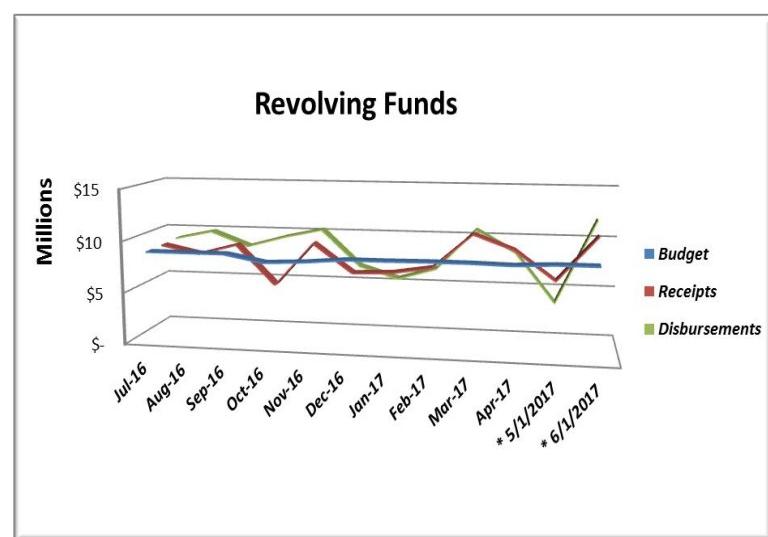
QA

SFY-17 OSDH MONTHLY OPERATING BUDGETS, RECEIPTS, AND DISBURSEMENTS

State Funds			
Month	Budget	Receipts	Disbursements
Jul-16	\$ 4,475,283	\$ 4,475,283	\$ 3,257,119
Aug-16	\$ 4,475,283	\$ 4,475,283	\$ 4,564,433
Sep-16	\$ 4,475,283	\$ 4,475,283	\$ 3,439,849
Oct-16	\$ 4,475,283	\$ 4,478,674	\$ 4,165,335
Nov-16	\$ 4,475,283	\$ 4,480,746	\$ 4,436,615
Dec-16	\$ 4,475,283	\$ 4,480,078	\$ 4,226,640
Jan-17	\$ 4,475,283	\$ 4,479,815	\$ 3,848,846
Feb-17	\$ 4,475,283	\$ 4,482,984	\$ 3,746,666
*3/1/2017	\$ 4,475,283	\$ 4,381,300	\$ 5,829,369
Apr-17	\$ 4,475,283	\$ 4,388,078	\$ 3,056,402
** 5/1/2017	\$ 4,475,283	\$ 4,394,476	\$ 3,414,694
** 6/1/2017	\$ 4,475,283	\$ 4,395,134	\$ 2,822,693
* Revenue Failure of .7% or \$375924			
** SFY ends June 30th, not all expenditures have been rec'd or processed			



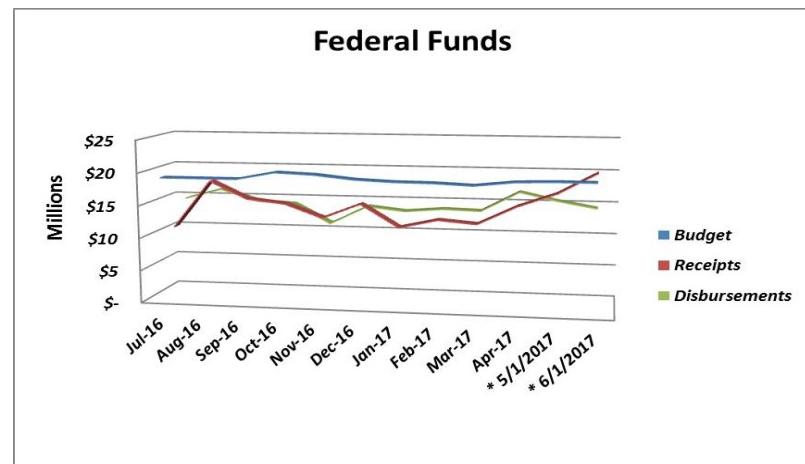
Revolving Funds			
Month	Budget	Receipts	Disbursements
Jul-16	\$ 8,860,310	\$ 8,894,089	\$ 8,976,854
Aug-16	\$ 8,860,310	\$ 8,104,896	\$ 9,795,302
Sep-16	\$ 8,860,310	\$ 9,122,466	\$ 8,371,338
Oct-16	\$ 8,147,778	\$ 5,250,671	\$ 9,429,804
Nov-16	\$ 8,320,425	\$ 9,495,307	\$ 10,260,267
Dec-16	\$ 8,640,658	\$ 6,681,758	\$ 6,673,578
Jan-17	\$ 8,647,251	\$ 6,837,530	\$ 5,504,536
Feb-17	\$ 8,692,543	\$ 7,445,998	\$ 6,635,738
Mar-17	\$ 8,692,543	\$ 10,780,208	\$ 10,641,198
Apr-17	\$ 8,609,297	\$ 9,383,141	\$ 8,469,440
* 5/1/2017	\$ 8,781,414	\$ 6,542,554	\$ 3,588,326
* 6/1/2017	\$ 8,781,414	\$ 10,885,129	\$ 11,896,043
** SFY ends June 30th, not all expenditures have been rec'd or processed			



SFY-17 OSDH MONTHLY OPERATING BUDGETS, RECEIPTS, AND DISBURSEMENTS

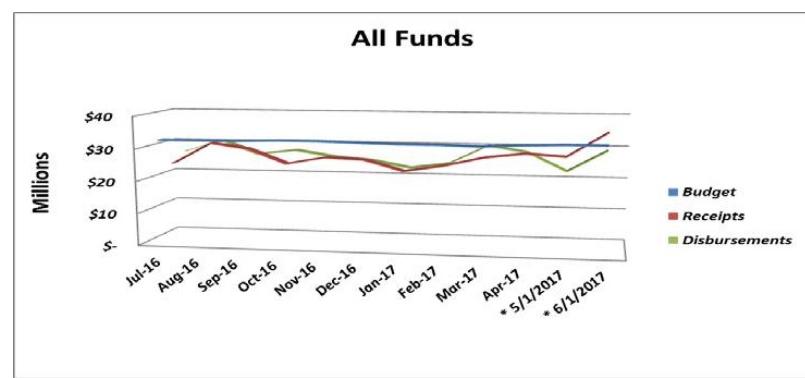
SFY-17 FEDERAL FUNDS				
Month	Budget	Receipts	Disbursements	
Jul-16	\$ 19,181,255	\$ 10,745,388	\$ 14,535,367	
Aug-16	\$ 19,181,255	\$ 18,102,817	\$ 16,119,201	
Sep-16	\$ 19,181,255	\$ 15,418,187	\$ 14,333,070	
Oct-16	\$ 20,299,872	\$ 14,786,494	\$ 13,995,881	
Nov-16	\$ 20,063,482	\$ 12,724,664	\$ 11,008,937	
Dec-16	\$ 19,463,808	\$ 15,022,527	\$ 13,865,832	
Jan-17	\$ 19,204,860	\$ 11,533,921	\$ 13,225,377	
Feb-17	\$ 19,159,386	\$ 12,831,270	\$ 13,714,695	
Mar-17	\$ 18,907,419	\$ 12,344,531	\$ 13,545,251	
Apr-17	\$ 19,536,323	\$ 15,156,916	\$ 16,635,633	
* 5/1/2017	\$ 19,686,737	\$ 17,245,194	\$ 15,354,216	
* 6/1/2017	\$ 19,686,737	\$ 20,439,620	\$ 14,335,180	

** SFY ends June 30th, not all expenditures have been rec'd or processed



ALL FUNDS				
Month	Budget	Receipts	Disbursements	
Jul-16	\$ 32,516,847	\$ 24,114,760	\$ 26,769,340	
Aug-16	\$ 32,516,847	\$ 30,682,996	\$ 30,478,936	
Sep-16	\$ 32,516,847	\$ 29,015,936	\$ 26,144,257	
Oct-16	\$ 32,859,190	\$ 24,515,839	\$ 27,591,020	
Nov-16	\$ 32,859,190	\$ 26,700,717	\$ 25,705,819	
Dec-16	\$ 32,579,749	\$ 26,184,363	\$ 24,766,049	
Jan-17	\$ 32,327,394	\$ 22,851,266	\$ 22,578,759	
Feb-17	\$ 32,327,212	\$ 24,760,252	\$ 24,097,099	
Mar-17	\$ 32,043,918	\$ 27,506,039	\$ 30,015,818	
Apr-17	\$ 32,589,575	\$ 28,928,135	\$ 28,161,475	
* 5/1/2017	\$ 32,912,106	\$ 28,182,224	\$ 22,357,236	
* 6/1/2017	\$ 32,912,106	\$ 35,719,883	\$ 29,053,916	

** SFY ends June 30th, not all expenditures have been rec'd or processed



- The report is only to be interpreted as to receipts and disbursements and does not show the Agency net cash position.
- Some disbursements were not posted to the General Ledger including Agency payroll not posted.
- Receipts include funds that are restricted and not available for general Agency use.
- Receipts include prior period activity.

O K L A H O M A S T A T E B O A R D O F H E A L T H

NEW BOARD OF HEALTH MEMBER ORIENTATION



Brian Downs
Office of State and Federal Policy

July 24, 2017

Oklahoma Legislature

House and Senate meet annually

- Convenes first Monday in February
- Governor State of the State Address

Senate

- 48 districts (4-year terms)
- Current make-up
 - Republicans (40)
 - Democrats (7)
 - Vacant (1)

House of Representatives

- 101 districts (2-year terms)
- Current make-up
 - Republicans (72)
 - Democrats (27)
 - Vacant (2)



Legislative Session Timeline

Legislative Deadlines

- Committee Deadline – Chamber of Origin (4 weeks)
- 3rd Reading Deadline – Chamber of Origin (6-7 weeks)
- *Legislation then considered by opposite chamber*
- Committee Deadline – Opposite Chamber (10-11 weeks)
- 3rd Reading Deadline – Opposite Chamber (12-13 weeks)

Conference committee process

- Work out differences and submit final version to conference committee
- Joint Committee on Appropriations and Budget (GA bill and fiscal measures)

Final Action

- Secretary of State (Legislative referendum)
- Governor Veto/Approval
- Veto Override
- Adjournment (Sine Die) – 5pm, last Friday in May
- Special sessions



How Does Legislative Action Affect OSDH?

Budget

- 30% reduction of state appropriations since SFY'09
- OSDH part of Health and Human Services cabinet, been protected from deeper cuts across state agencies
- Continue to educate legislators on budget impacts on programs and difference between funding sources

Policy changes

- Approval or Disapproval of administrative rules
- Legislative champions
 - Build consensus for legislative agenda
- Offense vs. Defense



Legislative Appropriations Process

October 1

- OSDH submits State Fiscal Year (SFY) budget request to Office of Management and Enterprise Services (OMES)

January

- Present budget request to House and Senate appropriation committees
 - Answer questions about priorities, requests and challenges

March-May

- Budget negotiations involve many different stakeholders
- Multiple variations, continued discussions
- General Appropriations (GA) bill introduced
 - Funding all appropriated agencies
 - Multiple revenue sources
 - Balanced budget, signed into law before July 1
- Individual measures
 - New revenue
 - Supplemental appropriations
 - Specific appropriations



County, Federal and Tribal Governments

County Government

- County Commissioners
- Legislators, Community Leaders
- All politics are local

Federal Government

- Congressional delegation
- ASTHO network
- Governor's office

Tribal Government

- OSDH Office of Tribal Liaison
- Partnership Agreements
- Programs & Initiatives



How Can Members of the Board of Health Help?

- Build relationships and educate policymakers on OSDH legislative priorities
- Provide insight into policy discussions
- Outreach to professional colleagues and key opinion leaders for policy changes



Questions





Oklahoma House of Representatives

Appropriations Process Overview 56th Oklahoma Legislature

House Fiscal Division

The Fiscal Division

The Fiscal Division consists of professional, non-partisan House employees, each of whom is an expert in his or her specific policy area.

House Fiscal Division

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The Fiscal Division serves as the primary staff for the Appropriation and Budget committee and its sub-committees and provides fiscal analysis on every piece of legislation considered by all House standing committees. The Fiscal Division consists of professional, non-partisan employees of the House, each of whom is an expert in his or her own policy area.

Fiscal Policy Analysts are responsible for monitoring state agency budgets and expenditures, reviewing past and current appropriations, analyzing agency budget requests for the upcoming fiscal year, assisting subcommittees in their review of agency financial and program data, and drafting appropriation measures.

In addition to their fiscal knowledge, analysts are well versed in the various policy issues that may impact an agency's operations.

Introduction

In Oklahoma, Legislators as well as their constituents, face many of the same tasks as they go about their daily lives.

You may drop the kids off at school, pick up a prescription from the pharmacy, fill up your gas tank, and eat dinner at a restaurant which serves alcohol.

All of these actions involve a state agency: public schools are funded through the State Board of Education, citizens may receive stipends for prescriptions through the Oklahoma Health Care

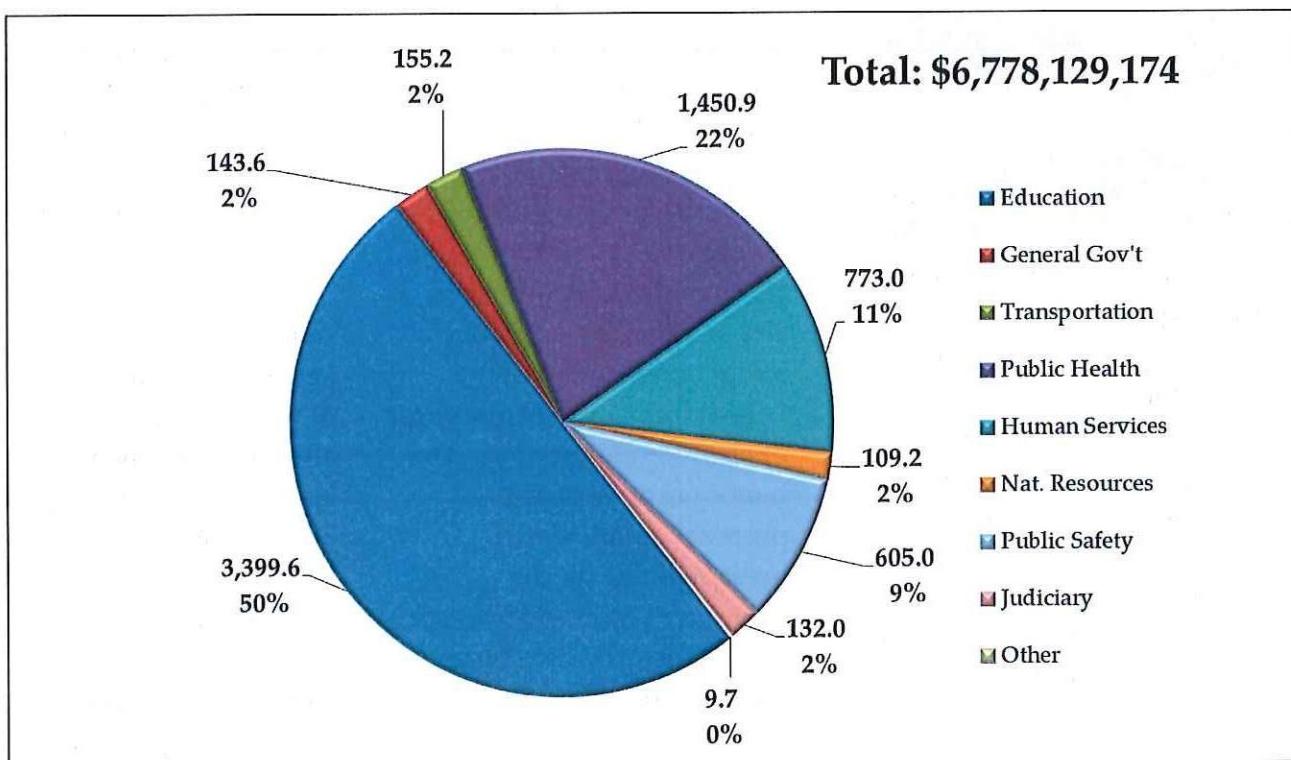
Authority as Medicaid recipients, every petroleum tank in the state is tested by the Corporation Commission to ensure fuel quality, and the ABLE Commission grants alcohol licenses to all restaurants and bars.

The operation of Oklahoma's state agencies would not be possible without adequate funding and affects us all.

Of the 299 state agencies, 68 are **appropriated** agencies i.e., agencies that receive all or part of their funding from the Legislature each year.

The remaining agencies are non-appropriated and collect revenue through other sources. So how do these agencies have the funding to operate, and how are the specific amounts determined year after year?

This fiscal manual serves as an introduction to the basics of funding for state agencies and breaks down in detail the House appropriations process.



The Budget Cycle



The yearly process by which the Legislature formulates, negotiates, votes, and enacts each state budget is called the **appropriations process**. This process runs in tandem with the state fiscal year.

Unlike a calendar year, the **fiscal year or FY** (a period that government uses for accounting purposes)

in Oklahoma begins July 1st and ends June 30th. The **budget cycle** that occurs during the fiscal year encompasses four major stages which are both continuous and overlapping. A state agency experiences one or more of each at any given time:

- Executive preparation
- Legislative consideration
- Execution
- Audit

Executive preparation includes state agency submission of budget requests by October 1st of each year and includes administrative reviews of the request document and transmission of the executive budget to the Legislature. The Governor, with the assistance of the Office of Management and Enterprise Services (OMES), prepares and submits the executive budget proposal to the Legislature at the beginning of each regular session. The major portions of this proposal are generally presented during the Governor's State of the State address as executive budget recommendations.

The **Legislature** considers each agency budget request and the executive budget simultaneously through pre-session budget hearings and at the sub-committee level throughout session.

Legislative consideration results in final passage of appropriations to state agencies usually in a **General Appropriations bill** (GA bill). The bill details the funding structure for all state agencies during the upcoming fiscal year and, after being signed by the Governor, generally becomes law on July 1st.

State agencies **execute** their approved budgets at the beginning of the fiscal year. The approved budget becomes an important device to monitor agency spending activity.

Audit and evaluation of agency spending is a review of whether state agencies allocated and spent their appropriations appropriately and executed their budget according to state law. The audit and evaluation may be performed by the State Auditor and Inspector, OMES, or legislative committees and subcommittees during the interim.

Budgeting Methodology

Oklahoma is one of few states in which the Legislature develops a budget independently from that of the Governor. This approach enables legislators to develop priorities and negotiate outcomes to the needs of the state and their constituents.

During the Legislative consideration period in the budget cycle, the full **Appropriations and Budget (A&B) Committee** as well as its nine subcommittees meet to craft the budget. This process is guided by several unique constitutional and statutory elements:

- The balanced budget amendment
- Appropriation of only 95% of certified estimated income
- A limit on growth in appropriations authority
- Restriction on tax increases
- A cash flow system that does not rely on short-term borrowing
- A budget stabilization fund
- Limitations on the use of public debt

The A&B Committee and its subcommittees use a variation of incremental and program performance budgeting. Previous years' appropriations are increased or decreased in increments from an agreed-on base level appropriation.

The **base level** is a negotiated removal of one-time and capital expenditures, the addition of resources to annualize partial year funding from the prior year, or across-the-board cuts to match estimated revenue in the upcoming fiscal year or any other relevant adjustments. Once base levels are determined, budgets are adjusted according to legislative fiscal priorities.

In recent years, the State's budgeting method has evolved to include agency performance measures and accountability standards. Agency budgets are examined by subcommittees to determine if programs are operating effectively and as intended.

A combination of program budget limits, performance

outputs, and zero-based accountability techniques are employed when conducting budget reviews and developing appropriation bills.

ANNUAL CERTIFICATION PROCESS

Prior to appropriating state funds, Legislators must know how much revenue is available to allocate between the state agencies.

According to the Oklahoma Constitution, sources of revenue (excluding revolving, federal, or other special funds) must be annually certified by the State Board of Equalization; with initial certification 35 to 45 days prior to session, with adjustments made at a mid-February certification.

The Board of Equalization is composed of the Governor, Lieutenant Governor, Attorney General, State Treasurer, State Auditor and Inspector, State Superintendent of Public Instruction, and President of the Board of Agriculture.

The Board is required to base its estimate of revenue, as recommended by agency revenue projections and econometric modeling, on economic forecasts rather than averages of prior years' revenues. This methodology makes it possible to quickly adjust to volatile economic conditions

During session, Members of the House and Senate negotiate agency appropriation levels based on the revenue certification. However, the State Constitution limits appropriations to 95% of the certified estimate, along with cash balances, certain revolving fund authorizations and prior year certified but un-appropriated funds.

The Constitution further limits growth in all legislative appropriations authority available for the upcoming fiscal year to the previous year's appropriation level plus 12 percent plus inflation. Any appropriations made in excess of actual revenues are considered null and void.

AGENCY REVENUE SOURCES

There are five sources of revenue from which agencies fund their operations or capital projects. It is important for the Legislature

to monitor all for expenditure trends and to account for the sources of revenue available to the state each year.

1. Legislative appropriations:

appropriations: the most significant source of agency revenue appropriated by the Legislature annually.

2. Agency fines and fees:

monies from fees, fines, forfeitures, and assessments often accrue to specific agency **revolving funds**, which then supplement an agency's budget.

Revolving funds generally are created by law as agency programs are established. Some revolving funds are statutorily restricted for specific purposes; others may be applied to the agency's upcoming budget or transferred to another area of the state budget where more pressing needs exist.

3. Federal funds and block grants:

agencies receive federal funds in the form of program-specific grants or broad-based block grants. The Legislature reviews block grant plans and addresses federal grant funds as issues arise.

The level of federal funding for an agency is a key factor in determining the need for additional

State funds, particularly for programs that receive a substantial federal match, such as the Medicaid program at the Oklahoma Health Care Authority.

4. Special circumstances such as the Rainy Day Fund:

the State's budget stabilization fund is known as the Constitutional Reserve Fund (commonly recognized as the Rainy Day Fund). The source of this fund is the state revenue accruing to the General Revenue Fund above the certified estimate during the prior fiscal year. When funds are generated at an amount greater than the constitutional fund cap, the excess monies represent spillover funds, which are available for appropriation or transfer at the will of the Legislature.

5. Bonds:

Bonds are issued by the State of Oklahoma as a means of raising capital for special projects including building and improving infrastructure. Similar to a loan, the bonds represent a promise to pay off obligations over a defined duration, plus any interest. Under the Constitution, bonds are the only means by which the State may incur debt.

Typically, the State has issued two types of bonds: **general obligation bonds** and **revenue bonds**. General obligation bonds are backed by a dedicated tax source and require a vote of the people before issuance, while revenue bonds are supported by a revenue stream originating from a project funded by the bonds.

Though the last four sources are not examined as often as Legislative appropriations, maintaining a degree of oversight over all five sources is vital to measuring agency performance and gauging future funding needs.

LEGISLATIVE APPROPRIATION SOURCES

Appropriations are composed of cash on hand, unspent fund balances, idle funds and 7 certified sources. Some of these are unique, in that they are generated solely for use by one agency; others can be used for virtually any state government function. The certified sources are as follows:

1. **The General Revenue Fund** (GRF) represents the primary state funding source for state government operations. The GRF provides an estimated 78% of the total appropriations for FY-17. This fund consists of revenue collected from taxes, fees, charges and investment income, and may be used for any number of purposes.

The GR Fund mainly consists of:

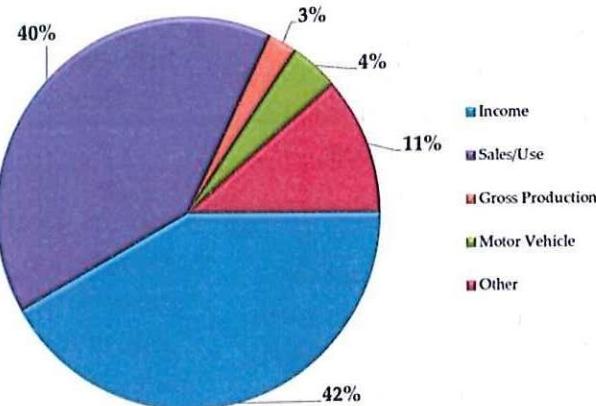
- Individual and corporate income taxes
- Sales and use taxes
- Gross production taxes
- Motor vehicle collection
- Numerous other taxes, fees, charges and income from investments

2. **The State Transportation Fund**, a revolving fund, is the depository for most of the State's motor fuel taxes. This fund is traditionally authorized for expenditure by the Transportation Department.

3. **The Cash Flow Reserve Fund** stabilizes cash flow, as revenue collections tend to fluctuate above and below monthly expenditures. This reserve fund minimizes the peaks and valleys of collections to match monthly expenditure requirements and consists of General Revenue Funds accruing at the close of the prior fiscal year.

FY-17 General Revenue Fund by Source Type

Total: \$5,220,339,152



4. The Education Reform Revolving Fund (ERRF) passed as part House Bill 1017 (1990), originally included portions of the personal and corporate income taxes, sales and use taxes, the revenue from which is to be annually identified and directed by legislative authorization or appropriation toward the funding of public schools. Sources of funding to the ERRF have expanded to include portions of the cigarette and tobacco taxes and a significant majority of the revenue derived from tribal gaming agreements between the State and tribal entities.

5. The Oklahoma Education Lottery Trust Fund approved in 2004, created a Trust Fund into which all net lottery proceeds are deposited. Appropriations from the fund are restricted to education entities, including Common Education, Higher Education, Career Technology Education, the School for the Deaf, and the School for the Blind and the Teachers Retirement System.

Funds are utilized only for specific purposes as set forth in the statutes and are not to supplant other sources of funding.

6. The Tobacco Settlement Revolving Fund represents portions of the payments resulting from a negotiated settlement between states and tobacco companies. Authorizations from the revolving fund are typically made as a part of the funding for the Oklahoma Health Care Authority.

7. The Rainy Day Fund (Constitutional Reserve Fund) can be used under the following circumstances:

- Up to one-quarter of the Fund during fiscal emergencies, upon an emergency declaration by the Governor with concurrence of two-thirds of the House and Senate OR by a joint declaration of an emergency by the Speaker of the House and the President Pro Tempore of the Senate with concurrence of three-fourths of the House and Senate.
- Up to three-eighths for the upcoming fiscal year for budget stabilization if the current fiscal year. The amount that can be appropriated is limited to the difference between the two certifications.
- Up to three-eighths for the current fiscal year for budget stabilization, if a revenue shortfall has occurred with respect to the General Revenue Fund.

REVENUE SHORTFALLS

In the case of a **revenue shortfall**, the Oklahoma Constitution and state statutes contain provisions that automatically balance the budget. The statutes enable the Director of OMES to reduce agency appropriations proportionally when revenue problems occur outside of the legislative session, unless the Legislature chooses to act. The Director of OMES also has statutory authority to borrow monies from any treasury fund to temporarily solve cash-flow problems in general revenue. Statutes require the monies to be paid back to each fund by the end of the fiscal year.

During the revenue shortfalls in FY-09, FY-10, and FY-16 both of these options were exercised.

The Constitution provides that in the event of a revenue shortfall, the Legislature must reduce appropriations to match revenue inclusive of any Rainy Day Fund appropriation.

The GR Fund mainly consists of the following taxes:

- Income
- Sales and use
- Gross production
- Motor vehicle collections

In some instances of revenue shortfalls, the Legislature has taken action to cut budgets, often on an “across the board” percentage basis. This action can reduce the amount of services state agencies are able to provide to citizens.

The Legislature, through statute, authorizes OMES to reduce allotments to agencies from any fund which experiences a revenue failure.

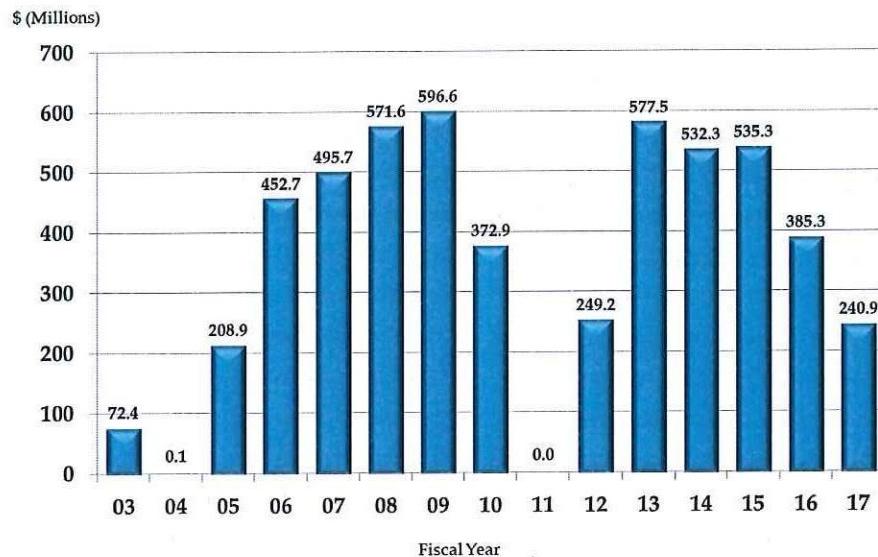
As stated previously, the Legislature may access the Rainy Day Fund to address revenue shortfalls.

LIMITATIONS ON THE LEGISLATURE'S AUTHORITY TO INCREASE TAXES

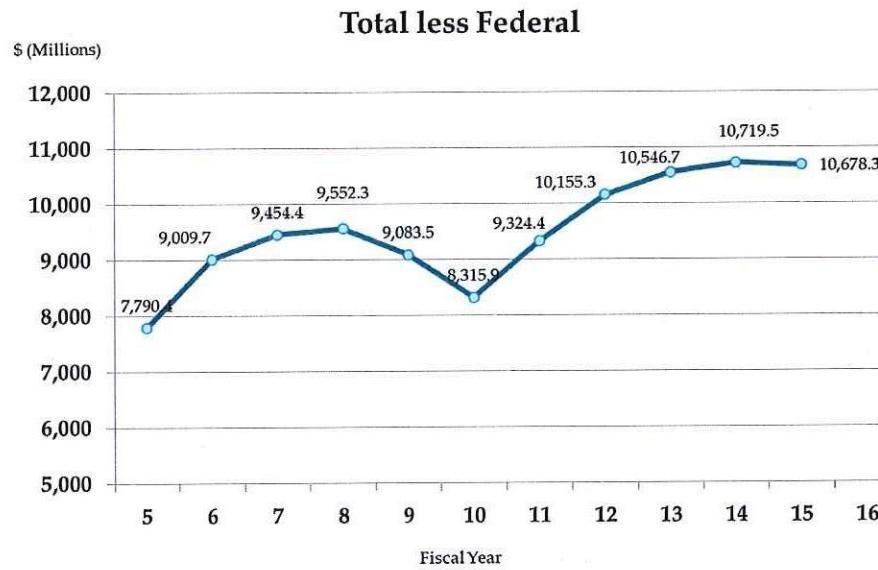
In 1992, a citizen-initiated ballot measure was approved to amend Article 5, Section 33 of the Oklahoma Constitution. Under this Section, a revenue bill can only become law if:

- It is approved by a three-fourths supermajority vote of both the House and Senate and is signed by the Governor; or
- It is referred by the Legislature to a vote of the people at the next general election and receives a majority of affirmative votes

Constitutional Reserve Fund Balance History



Total State Revenue, Less Federal Grants



Budget Passage & Enactment

APPROPRIATION OF REVENUE

The A&B Committee is comprised of members appointed by the Speaker of the House and is staffed by members of the fiscal division. The Committee serves as the coordinating committee for the development and implementation of House fiscal and budget policy. It considers any substantive legislation assigned to it, usually after consideration by one of the subcommittees. These subcommittees assist in dividing appropriations authority among the various state agencies.

JOINT COMMITTEE ON APPROPRIATIONS AND BUDGET

Beginning with the 53rd Legislature, the **Joint Committee on Appropriation and Budget (JCAB)** was created. This committee includes members of both the House Appropriations and Budget Committee and the Senate Appropriations Committee. The Committee is exempt from all intra-session legislative deadlines and may introduce budget related measures as needed in the development of the budget.

APPROPRIATION MEASURES

The Legislature can appropriate funds to state agencies through a single-agency bill but more commonly utilizes a General Appropriations (GA) bill which covers all state agencies in a single document. The GA bill, as authorized by Article V, Section 56 of the Oklahoma Constitution, generally provides agency funding and occasionally necessary supplemental funding. The GA bill has been used to provide base level funding to all agencies for a fiscal year to prevent an interruption of services should budget negotiations stall or fail.

The GA bill requires simple majorities in each chamber and does not require an emergency clause in order for the measure to take effect upon the stated dates within the bill (Article V, Section 58) and upon the Governor's signature.

In most cases, any adjustments to the GA bill or final budgets are included in reconciliation bills, which deal with individual agencies.

Generally, each contains appropriations or line-items for specific programs, expenditures and budget limits, full-time equivalent employee (FTE) limits, and other expressions of legislative intent related to fiscal matters. These bills may or may not contain emergency clauses and are effective on a specified date after signature by the Governor.

A&B Subcommittees

Education

General Government

Public Health

Human Services

Judiciary

Natural Resources & Regulatory Services

Public Safety

Revenue & Taxation

Transportation

On occasion, the Legislature uses single agency bills to affect appropriations and express intent as to how these funds should be spent. Each state agency is generally assigned one appropriation bill containing the agency's total appropriation level, spending limits, applicable salary and FTE limits and any specific legislative directive with regard to expenditure of appropriations. These bills generally contain an emergency clause when a GA bill is not employed or when using only single agency appropriation bills to construct the state budget.

GUBERNATORIAL ACTION

After bills are approved by the Legislature they are sent to the Governor who has five days to take one of two actions: approve or veto. If there is no action, the bill becomes effective without his or her signature except following sine die adjournment.

Depending on the specifics in the bill itself, a bill becomes law:

1. On the date specified in the bill
2. If no date is specified, and the bill contains an emergency clause, it is effective immediately upon the Governor's signature

3. If no date is specified and no emergency clause exists, the bill becomes law 90 days after sine die adjournment

As GA bills do not require an emergency, they go into effect as soon as the Governor signs. However, they typically contain an effective date of July 1st to conform to the state's fiscal year. An effective date prior to July 1st may result in an agency receiving funds prior to the beginning of the fiscal year, and, an effective date after July 1st may delay an agency's receipt of funds and hinder operations.

A single-agency appropriation or reconciliation bill requires an emergency for an effective date that falls prior to ninety days after adjournment. Typically, the Legislature votes separately on emergency sections, which require a two-thirds majority to pass.

The GA bill requires simple majorities in each chamber and does not require an emergency clause in order for the measure to take effect upon start dates with the bill (Article V, Section 58) and upon the Governor's signature.

Bills without emergencies require a simple majority of the House membership (51 affirmative votes).

The Governor may exercise veto authority on an appropriations bill in two ways. First, the Governor may veto line items. In this case, the veto can remove only specific expenditure items. Second, the Governor may veto the entire bill. A full veto can be accomplished two ways.

The Governor may return a bill to the Legislature within five days (Sundays excluded) with a veto message. Or, if the Sine Die adjournment of the Legislature prevents the return of the bill within five days, the Governor can take no action for fifteen days and the bill becomes pocket vetoed. The Legislature may override a veto by a two-thirds majority vote on a bill without an emergency; bills with an emergency require a three-fourths majority for override. Pocket vetoes cannot be overridden.

AFTER SINE DIE: INTERIM REVIEW & PREPARATION

After the Legislative session comes to a close, fiscal staff prepares to end one budget cycle and begins preparation for the next. During the interim, the analysts conduct

fiscal research and respond to legislative requests in addition to conducting formal budget activities.

INTERIM STUDIES

During session it is often impractical for members to study and investigate certain issues due to their heightened responsibilities and the time constraints of the legislative calendar. The interim is an ideal time to delve more deeply into such issues. Members request approval for interim studies from the Speaker of the House. Once approved by the Speaker and assigned to a committee or subcommittee, these studies address or follow up on policy and budget issues of interest from the previous session. In many instances interim studies proactively focus on subjects likely to be of consequence in the upcoming session.

THE CONTINGENCY REVIEW BOARD (CRB)

The CRB consists of the Governor, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate. The CRB has statutory authority to allow agencies to modify spending and FTE limits during the interim.

which they may need to do if unanticipated funding sources become available to the agency.

SUPPLEMENTAL APPROPRIATIONS

A supplemental appropriation is funding approved by the Legislature after the fiscal year budget has been finalized.

Should an agency experience unanticipated or emergency financial obligations during the course of the year, the agency may request a supplemental appropriation. Supplemental appropriations are funding approved by the legislature. Such appropriations are subject to the availability of available cash and may or may not require annualization of funding for the subsequent fiscal year.

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Office of State and Federal Policy Legislative Brief

Board of Health Policy Committee

May 26, 2017

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Budget Bills



Oklahoma
State
Department
of Health

3 Bills On Report

[**HB2389**](#) **Paraphrase:** HB2389, by Rep. Leslie Osborn, R-Mustang and Sen. Kimberly

David, R-Porter, authorizes the Oklahoma Capital Improvement Authority to issue \$59.555 million in bonds to fund a State Department of Health laboratory. (Amended by House, Emergency Measure, Committee Substitute)

Effective Date: 07/01/2017 **Emergency:** Yes

Principal Authors: Osborn, Leslie (H); David, Kimberly (S)

Status: Governor Action - Signed **Status Date:** 05/25/2017

[**SB0845**](#) **Paraphrase:** SB0845, by Sen. Kimberly David, R-Porter and Rep. Leslie

Osborn, R-Mustang, creates the Smoking Cessation Act of 2017. The bill requests that Indian tribes and nations who have entered into compacts relating to cigarettes and tobacco products to use any revenues derived from them for the purposes of preventing Oklahomans from smoking cigarettes and encouraging Oklahomans who already do so to cease cigarette smoking. It requires signs prohibit smoking be conspicuous and in prominent locations. The bill requires the State Department of Health and the Tobacco Settlement Endowment Trust to work together to inform the public about the dangers of smoking in motor vehicles where children are present. The bill prohibits the use of any tobacco product on all state properties and in all state vehicles, whether owned, leased or contracted, except for Oklahoma Veterans Centers. It requires the Oklahoma State Department of Health and the Department of Mental Health and Substance Abuse Services to work together to develop new and innovative strategies to prevent tobacco use by minors. The bill establishes a \$1.50 per pack of cigarettes smoking cessation fee to be paid by wholesalers to the Oklahoma Tax Commission. It allocates the first \$1 million in revenue from the fee to the ABLE Commission Revolving Fund and

subsequent revenue to the Health Care Enhancement Fund. It requires funds in the Health Care Enhancement Fund to be appropriated by the Legislature for the purpose of enhancing Oklahomans' health. It establishes requirements for wholesaler compliance. (Amended by Senate, Emergency Measure, Committee Substitute)

Effective Date: 07/01/2017 **Emergency:** Yes

Principal Authors: David, Kimberly (S); Osborn, Leslie (H)

Status: Sent to Governor **Status Date:** 05/26/2017

[**SB0860**](#) **Paraphrase:** SB0860, by Sen. Kimberly David, R-Porter and Rep. Leslie

 Osborn, R-Mustang, makes general appropriations for the expenses of various agencies of the executive, legislative and judicial departments. (Amended by Senate, Committee Substitute)

Effective Date: 07/01/2017 **Emergency:** Yes

Principal Authors: David, Kimberly (S); Osborn, Leslie (H)

Status: Sent to Governor **Status Date:** 05/26/2017

Community and Family Health



Oklahoma
State
Department
of Health

3 Bills On Report

[**HB1996**](#) **Paraphrase:** HB1996, by Rep. John Jordan, R-Yukon and Sen. Chris Kidd, R-

 Addington, recreates the Oklahoma Partnership for School Readiness Board until July 1, 2021. (Amended by Senate)

Effective Date: // **Emergency:** No

Principal Authors: Jordan, John (H); Kidd, Chris (S)

Status: Governor Action - Signed **Status Date:** 05/17/2017

[**SB0231**](#) **Paraphrase:** SB0231, by Sen. Nathan Dahm, R-Broken Arrow and Rep.

 Bobby Cleveland, R-Slaughterville, repeals language statutory language related to the School Health Coordinators Pilot Program.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Dahm, Nathan (S); Cleveland, Bobby (H)

Status: Governor Action - Signed **Status Date:** 04/24/2017

[**SB0595**](#) **Paraphrase:** SB0595, by Sen. Darcy Jech, R-Kingfisher and Rep. Kyle Hilbert,

 R-Depew, creates the Farmers Market Liability Limitation Act and defines related terms. The bill provides that any participant assumes the inherent risk of attending, buying or selling goods at a farmers market registered with the Oklahoma Department of Agriculture, Food, and Forestry. It allows the farmers market operator to plead an affirmative defense of assumption of risk by the participant if a participant brings an action for damages arising from the operation of a registered farmers market. The bill requires any limitation on legal liability afforded to a registered farmers market operator be in addition to any other limitation of legal liability otherwise provided by law. It provides instances for limited liability.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Jech, Darcy (S); Hilbert, Kyle (H)

Status: Governor Action - Signed **Status Date:** 05/03/2017

General Counsel



9 Bills On Report

[**HB1552**](#) **Paraphrase:** HB1552, by Rep. George Faught, R-Muskogee and Sen. David

 Holt, R-Oklahoma City, requires approval by joint resolution of any proposed

rule which modifies the scope of practice of any occupation contained within Title 59, provided the resolution becomes law in accordance with Section 11 of Article VI of the Oklahoma Constitution. It provides the rule will be deemed disapproved if the Legislature fails to approve the rule on or before the last day of the legislative session. It exempts any proposed rule that modifies the scope of practice from the other procedures governing legislative approval of administrative rules.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Faught, George (H); Holt, David (S)

Status: Governor Action - Veto **Status Date:** 04/26/2017

[**HB1553**](#) **Paraphrase:** HB1553, by Rep. George Faught, R-Muskogee and Sen.

 Anthony Sykes, R-Moore, requires approval by joint resolution of any proposed rule that increases fees, provided the resolution becomes law in accordance with Section 11 of Article VI of the Oklahoma Constitution. It provides the rule will be deemed disapproved if the Legislature fails to approve the rule on or before the last day of the legislative session. It exempts any proposed rule that modifies the scope of practice from the other procedures governing legislative approval of administrative rules.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Faught, George (H); Sykes, Anthony (S)

Status: Governor Action - Veto **Status Date:** 05/01/2017

[**HB1559**](#) **Paraphrase:** HB1559, by Rep. Jon Echols, R-Oklahoma City and Sen. Ervin

 Yen, R-Oklahoma City, adds any federal Food and Drug Administration-approved cannabidiol drug or substance to the definition of the term "Marijuana." (Amended by House)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Echols, Jon (H); Yen, Ervin (S)

Status: Governor Action - Signed **Status Date:** 04/17/2017

[**HB1894**](#) **Paraphrase:** HB1894, by Rep. Kevin Calvey, R-Oklahoma City and Sen.

 Anthony Sykes, R-Moore, modifies the definition of "person legally authorized to make health care decisions" within the Nondiscrimination in Treatment Act. The bill authorizes those reasonably available and willing to make health care

decisions for an adult patient or patient under 18 years of age who has consented to have services provided by health professionals but is otherwise persistently unconscious, incompetent or otherwise mentally or physically incapable of communicating under the same standard as that applicable to making life-sustaining treatment decisions. It also establishes procedures for permitting health care provider or class member to petition a court for jurisdiction over a guardianship proceeding concerning the patient. The bill prohibits an individual who has been found to have committee abuse, verbal abuse or exploitation from making case decisions for an incapacitated person. (Amended by House)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Calvey, Kevin (H); Sykes, Anthony (S)

Status: Governor Action - Signed **Status Date:** 05/01/2017

[**HB1944 Paraphrase:**](#) HB1944, by Rep. John Jordan, R-Yukon and Sen. Nathan Dahm,

 R-Broken Arrow, modifies definitions within the Administrative Procedures Act. It gives the Governor the authority to approve or disapprove agency rules. It allows the him or her 45 calendar days from receipt of a rule to approve or disapprove the rule and establishes a notification process to state agencies of the approval or disapproval of rules. It adds that rules not approved by the Governor will not become effective unless otherwise approved by the Legislature by joint resolution. It also establishes a process by which the Legislature may approve an agency rule by joint resolution. (Amended by House, Amended by Senate, Stricken Title, Stricken enacting clause, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Jordan, John (H); Dahm, Nathan (S)

Status: In Committee - Conference **Status Date:** 05/09/2017

Committee(1): [H Conf Comm on Administrative Rules \(C\)](#)

Committee(2): [S Conf HB1944 \(C\)](#)

[**HB1999 Paraphrase:**](#) HB1999, by Rep. John Jordan, R-Yukon and Sen. Nathan Dahm,

 R-Broken Arrow, requires all rules promulgated by every agency, board and commission to sunset once every four years. It requires a joint committee to be formed by members of the House and Senate during the preceding year of the

sunset of each agency's rules. It requires the committee be made up of five members of the House and five members of the Senate. It establishes the process for appointing the chair and vice chair. It provides the members of the review committee do not have to be the same for each agency, board and commission. It requires a review of the rules to be conducted during the interim with a recommendation being made for the rejection and removal of any rules as needed. (Amended by House, Amended by Senate, Stricken Title, Stricken enacting clause)

Effective Date: // **Emergency:** No

Principal Authors: Jordan, John (H); Dahm, Nathan (S)

Status: In Committee - Conference **Status Date:** 05/09/2017

Committee(1): [H Conf Comm on Administrative Rules \(C\)](#)

Committee(2): [S Conf HB1999 \(C\)](#)

SB0030 Paraphrase: SB0030, by Sen. A J Griffin, R-Guthrie and Rep. Tammy West,

 R-Bethany, requires any facility in which abortions, other than abortions necessary to prevent the death of the mother, are performed, induced, prescribed for, or where the means for the procedure are provided to post specified signage. It provides for the requirements of said signage's formatting and placement. It requires the State Health Department to only utilize funds specifically set aside for the provisions therein. It requires the Department to use its official, online social media platforms to promote the unique URL specified therein. It requires the Department to promulgate necessary rules. (Amended by Senate, Emergency Measure, Committee Substitute)

Effective Date: 07/01/2017 **Emergency:** Yes

Principal Authors: Griffin, A J (S); West, Tammy (H)

Status: Governor Action - Signed **Status Date:** 04/26/2017

SB0191 Paraphrase: SB0191, by Sen. Roger Thompson, R-Okemah and Rep. (Frm

 Brumbaugh) VACANT, R-, requires a delay in providing access to records under the Open Records Act be limited solely to the time required for preparing the requested documents and the avoidance of excessive disruptions of the public body's essential functions. It provides that a current request for records cannot be unreasonably delayed until after completion of a prior records request that will take substantially longer than the current request.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Thompson, Roger (S); VACANT, (Frm Brumbaugh) (H)

Status: Governor Action - Signed **Status Date:** 05/03/2017

[**SB0697**](#) **Paraphrase:** SB0697, by Sen. Anthony Sykes, R-Moore and Rep. George

 Faught, R-Muskogee, declares all rulemaking authority delegated by the Legislature to executive branch agencies be used only to implement law or policy as set by the Legislature. It requires all administrative rules, including those already in existence, to include a specific reference to the statutory provision or federal regulation that delegates the authority for promulgation of such rule within three years. (Amended by House, Committee Substitute)

Effective Date: // **Emergency:** No

Principal Authors: Sykes, Anthony (S); Faught, George (H)

Status: Governor Action - Veto **Status Date:** 05/17/2017

Office of State and Federal Policy



7 Bills On Report

[**HB1444**](#) **Paraphrase:** HB1444, by Rep. Dustin Roberts, R-Durant and Sen. Ron Sharp,

 R-Shawnee, designates Good Friday and the Friday before Easter as state holidays. (Amended by Senate, Stricken Title)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Roberts, Dustin (H); Sharp, Ron (S)

Status: In Committee - Conference **Status Date:** 05/09/2017

Committee(1): [H Conf Comm on Gen Govt Oversight and Accountability \(C\)](#)

Committee(2): [S GCCA, General Conference Committee on Appropriations \(S\)](#)

HB1555 **Paraphrase:** HB1555, by Rep. George Faught, R-Muskogee and Sen. Marty Quinn, R-Claremore, transfers the State Employee Assistance Program from the Office of Management and Enterprise Services to the Department of Mental Health and Substance Abuse Services. (Amended by Senate, Emergency Measure)

Effective Date: 07/01/2017 **Emergency:** Yes

Principal Authors: Faught, George (H); Quinn, Marty (S)

Status: Governor Action - Signed **Status Date:** 05/03/2017

HB1868 **Paraphrase:** HB1868, by Rep. Jason Dunnington, D-Oklahoma City and Sen.

 Roger Thompson, R-Okemah, requires any state employee earning less than \$30,000 annually to receive overtime pay, instead of compensatory time, for all hours worked over 40 hours a week beginning November 1, 2017. (Amended by House, Amended by Senate, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Dunnington, Jason (H); Thompson, Roger (S)

Status: CCR Read (Senate) **Status Date:** 05/25/2017

HB1887 **Paraphrase:** HB1887, by Rep. Pat Ownbey, R-Ardmore and Sen. A J Griffin,

 R-Guthrie, decreases the length of time a minor has to live in a prospective adoptive home in order for medical and social history records to be disclosed.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Ownbey, Pat (H); Griffin, A J (S)

Status: Governor Action - Signed **Status Date:** 04/06/2017

HB1912 **Paraphrase:** HB1912, by Rep. Roger Ford, R-Midwest City and Sen. Chris Kidd, R-Addington, modifies the provisions of receiving a disinterment permit. It requires the permit to be had before disinterment and reinternment of a dead body or fetus. It requires the application for a disinterment to include consent from the next of kin; other than the case of a medical legal in which the State Medical Examiner still retains his or her rights. It also accounts for a judge's order for said remains. It removes the rights of cemeteries to disapprove a disinterment. The bill excludes permits from being required for fetuses which will be disinterred and reinterred in the same cemetery. It requires forms to be

obtained from the State Registrar of Vital Records. (Amended by House)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Ford, Roger (H); Kidd, Chris (S)

Status: Governor Action - Signed **Status Date:** 05/02/2017

SB0321 Paraphrase: SB0321, by Sen. Marty Quinn, R-Claremore and Rep. Avery Frix,

 R-Muskogee, increases from 20 to 21 the number of days prior to the date set for opening bids that notice of all proposals to award public construction contracts must be published in a newspaper of general publication.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Quinn, Marty (S); Frix, Avery (H)

Status: Governor Action - Signed **Status Date:** 04/13/2017

SB0799 Paraphrase: SB0799, by Sen. Anthony Sykes, R-Moore and Rep. Chris

 Kannady, R-Oklahoma City, authorizes an agency, board, commission or other entity of state government to adopt policies permitting employees to use accrued leave for the purposes of physical fitness and wellness. The bill establishes eligibility criteria and limitations and directs the Director of the Office of Management and Enterprise Services to promulgate necessary rules. (Amended by House, Amended by Senate, Committee Substitute)

Effective Date: / / **Emergency:** No

Principal Authors: Sykes, Anthony (S); Kannady, Chris (H)

Status: Sent to Governor **Status Date:** 05/26/2017

Committee(2): [H Conf Comm on Gen Govt Oversight and Accountability \(C\)](#)

Operations



Oklahoma
State
Department
of Health

7 Bills On Report

HB1444 Paraphrase: HB1444, by Rep. Dustin Roberts, R-Durant and Sen. Ron Sharp,

 R-Shawnee, designates Good Friday and the Friday before Easter as state holidays. (Amended by Senate, Stricken Title)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Roberts, Dustin (H); Sharp, Ron (S)

Status: In Committee - Conference **Status Date:** 05/09/2017

Committee(1): [H Conf Comm on Gen Govt Oversight and Accountability \(C\)](#)

Committee(2): [S GCCA, General Conference Committee on Appropriations \(S\)](#)

HB1555 Paraphrase: HB1555, by Rep. George Faught, R-Muskogee and Sen. Marty

 Quinn, R-Claremore, transfers the State Employee Assistance Program from the Office of Management and Enterprise Services to the Department of Mental Health and Substance Abuse Services. (Amended by Senate, Emergency Measure)

Effective Date: 07/01/2017 **Emergency:** Yes

Principal Authors: Faught, George (H); Quinn, Marty (S)

Status: Governor Action - Signed **Status Date:** 05/03/2017

HB1868 Paraphrase: HB1868, by Rep. Jason Dunnington, D-Oklahoma City and Sen.

 Roger Thompson, R-Okemah, requires any state employee earning less than \$30,000 annually to receive overtime pay, instead of compensatory time, for all hours worked over 40 hours a week beginning November 1, 2017. (Amended by House, Amended by Senate, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Dunnington, Jason (H); Thompson, Roger (S)

Status: CCR Read (Senate) **Status Date:** 05/25/2017

HB1887 Paraphrase: HB1887, by Rep. Pat Ownbey, R-Ardmore and Sen. A J Griffin,

 R-Guthrie, decreases the length of time a minor has to live in a prospective adoptive home in order for medical and social history records to be disclosed.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Ownbey, Pat (H); Griffin, A J (S)

Status: Governor Action - Signed **Status Date:** 04/06/2017

HB1912 **Paraphrase:** HB1912, by Rep. Roger Ford, R-Midwest City and Sen. Chris Kidd, R-Addington, modifies the provisions of receiving a disinterment permit. It requires the permit to be had before disinterment and reinternment of a dead body or fetus. It requires the application for a disinterment to include consent from the next of kin; other than the case of a medical legal in which the State Medical Examiner still retains his or her rights. It also accounts for a judge's order for said remains. It removes the rights of cemeteries to disapprove a disinterment. The bill excludes permits from being required for fetuses which will be disinterred and reinterred in the same cemetery. It requires forms to be obtained from the State Registrar of Vital Records. (Amended by House)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Ford, Roger (H); Kidd, Chris (S)

Status: Governor Action - Signed **Status Date:** 05/02/2017

SB0321 **Paraphrase:** SB0321, by Sen. Marty Quinn, R-Claremore and Rep. Avery Frix, R-Muskogee, increases from 20 to 21 the number of days prior to the date set for opening bids that notice of all proposals to award public construction contracts must be published in a newspaper of general publication.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Quinn, Marty (S); Frix, Avery (H)

Status: Governor Action - Signed **Status Date:** 04/13/2017

SB0799 **Paraphrase:** SB0799, by Sen. Anthony Sykes, R-Moore and Rep. Chris Kannady, R-Oklahoma City, authorizes an agency, board, commission or other entity of state government to adopt policies permitting employees to use accrued leave for the purposes of physical fitness and wellness. The bill establishes eligibility criteria and limitations and directs the Director of the Office of Management and Enterprise Services to promulgate necessary rules. (Amended by House, Amended by Senate, Committee Substitute)

Effective Date: / / **Emergency:** No

Principal Authors: Sykes, Anthony (S); Kannady, Chris (H)

Status: Sent to Governor **Status Date:** 05/26/2017

Committee(2): [H Conf Comm on Gen Govt Oversight and Accountability \(C\)](#)

Prevention and Preparedness Services



Oklahoma
State
Department
of Health

0 Bills On Report

Protective Health Services



Oklahoma
State
Department
of Health

12 Bills On Report

HB1607 Paraphrase: HB1607, by Rep. John Enns, R-Enid and Sen. Roland Pederson,

R-Burlington, exempts the rear-facing child passenger restraint system requirement prescribed therein shall in instances of a child passenger being transported by a parent who has been rightfully issued a detachable placard indicating physical disability or a physically disabled license place. (Amended by Senate, Committee Substitute)

Effective Date: / / **Emergency:** No

Principal Authors: Enns, John (H); Pederson, Roland (S)

Status: Governor Action - Veto **Status Date:** 05/16/2017

[**HB1620**](#) **Paraphrase:** HB1620, by Rep. Cyndi Munson, D-Oklahoma City and Sen.



Robert Standridge, R-Norman, requires the State Board of Health to promulgate rules that require all medical and direct care staff of nursing and specialized facilities, adult day care centers, assisted living centers and home health agencies licensed by the State Department of Health to complete, at a minimum, one hour of in service training per year in Alzheimer's and dementia-related care. It provides the curriculum for the training. It requires the Board to promulgate rules establishing appropriate training requirements for support staff working in listed facilities. (Amended by Senate, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Munson, Cyndi (H); Standridge, Robert (S)

Status: Governor Action - Signed **Status Date:** 05/12/2017

[**HB1843**](#) **Paraphrase:** HB1843, by Rep. Leslie Osborn, R-Mustang and Sen. Stephanie



Bice, R-Oklahoma City, modifies the definition to "stretcher van passenger" in relation to the Oklahoma Emergency Response Systems Development Act, adding an exemption. (Amended by House, Emergency Measure)

Effective Date: 07/01/2017 **Emergency:** Yes

Principal Authors: Osborn, Leslie (H); Bice, Stephanie (S)

Status: Governor Action - Signed **Status Date:** 04/13/2017

[**HB2039**](#) **Paraphrase:** HB2039, by Rep. Kevin Wallace, R-Wellston and Sen. Robert



Standridge, R-Norman, allows a pharmacist or employee of a pharmacy to receive a prescription or deliver a legally filled prescription to a facility where medical care or pharmacy services are received by a patient. It requires the Board of Pharmacy to promulgate rules. It modifies definitions used therein. It allows naloxone to be prescribed and dispensed by a licensed pharmacist unless otherwise provided. It requires no dispensing protocol be required. It allows a pharmacist to exercise his or her professional judgment to dispense varying quantities of medication per fill-up to the total number of dosage units as authorized by the prescriber on the original prescription including any refills unless specified on the prescription that dispensing it is medically necessary. It provides for quantity limitations. (Amended by House, Amended by Senate, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Wallace, Kevin (H); Standridge, Robert (S)

Status: Governor Action - Signed **Status Date:** 05/12/2017

SB0180 **Paraphrase:** SB0180, by Sen. Greg McCortney, R-Ada and Rep. Chad

 Caldwell, R-Enid, provides existing statute should not be construed to require a hospice to employ a certified home health aide in the provision of hospice services so long as the hospice employs a certified nurse aide. It requires a person qualified by the Department of Health as a certified nurse aide to be deemed to have met the requirements to work as a home health aide under the provisions of the Home Care Act and to require no further licensure for performing services within the scope of practice of home health aides.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: McCortney, Greg (S); Caldwell, Chad (H)

Status: Governor Action - Signed **Status Date:** 04/24/2017

SB0508 **Paraphrase:** SB0508, by Sen. Nathan Dahm, R-Broken Arrow and Rep. Jeff

 Coody, R-Grandfield, modifies the definition to "home food establishment" in relation to the Home Bakery Act of 2013 to permit food prepared at a residence to be sold at farmers markets, on site, at cooperatives, through membership-based buying clubs or for delivery. It moves regulation under the act from the Oklahoma State Department of Health to the Department of Agriculture, Food and Forestry and authorizes the department to promulgate necessary rules. It permits the department to request written documentation to verify the gross annual sales of a home food establishment upon a consumer complaint.

(Amended by Senate)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Dahm, Nathan (S); Coody, Jeff (H)

Status: Governor Action - Signed **Status Date:** 04/24/2017

SB0594 **Paraphrase:** SB0594, by Sen. Darcy Jech, R-Kingfisher and Rep. Rhonda

 Baker, R-Yukon, grants the State Board of Agriculture the authority to promulgate rules governing the approval of milk and milk product facilities within the Oklahoma Milk and Milk Products Act and removes the Department of Environmental Quality from the process. The bill also adds the words willfully, recklessly, or negligently to the definition of any person who violates

the provisions of the Oklahoma Milk and Milk Products Act. (Amended by House, Amended by Senate, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Jech, Darcy (S); Baker, Rhonda (H)

Status: S House Amendments - Read **Status Date:** 04/27/2017

[**SB0595**](#) **Paraphrase:** SB0595, by Sen. Darcy Jech, R-Kingfisher and Rep. Kyle Hilbert,

 creates the Farmers Market Liability Limitation Act and defines related terms. The bill provides that any participant assumes the inherent risk of attending, buying or selling goods at a farmers market registered with the Oklahoma Department of Agriculture, Food, and Forestry. It allows the farmers market operator to plead an affirmative defense of assumption of risk by the participant if a participant brings an action for damages arising from the operation of a registered farmers market. The bill requires any limitation on legal liability afforded to a registered farmers market operator be in addition to any other limitation of legal liability otherwise provided by law. It provides instances for limited liability.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Jech, Darcy (S); Hilbert, Kyle (H)

Status: Governor Action - Signed **Status Date:** 05/03/2017

[**SB0765**](#) **Paraphrase:** SB0765, by Sen. Ervin Yen, R-Oklahoma City and Rep. Katie

 Henke, R-Tulsa, makes it unlawful for a person under 18 years of age to use any tanning device of any tanning facility. The bill defines applicable terms. It exempts any physician who is duly licensed to practice medicine and who uses or prescribes to be used a phototherapy device with respect to a patient of any age in the practice of medicine. It requires the owner, lessee or operator of a tanning facility to post in a conspicuous place in each tanning facility owned, leased or operated by that person a notice, available on the State Department of Health's website, that states all of the following: it is unlawful for a tanning facility or operator to allow a person under 18 years of age to use any tanning device; that a tanning facility or operator that violates one or more provisions of this section may be subject to a civil penalty; that an individual may report a violation of one or more provisions of this section to the local law enforcement agency; and that health risks associated with tanning include but are not limited

to skin cancer, premature aging of skin, burns to the skin and adverse reactions to certain medications, foods and cosmetics.

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Yen, Ervin (S); Henke, Katie (H)

Status: Governor Action - Signed **Status Date:** 05/02/2017

SB0774 Paraphrase: SB0774, by Sen. Kimberly David, R-Porter and Rep. Chad

 Caldwell, R-Enid, modifies the fee for an application for a license, or renewal thereof, to establish or operate a residential care home, changing it from \$50 to an amount established by the State Board of Health by rule, provided such fee does not exceed \$10 per bed or \$500. It requires all residential care homes to have or employ a licensed administrator for the home, replacing the requirement for the homes to have or employ a certified administrator for the home. The bill also requires each home that proposes new construction or major alteration to submit construction plans to the Department for review prior to the start of construction. It permits the Department to assess a fee for the review in an amount not more than 0.15 percent of \$25,000, whichever is less, per project of the total construction cost of the facility or modification. It requires the State Board of Health to promulgate rules for submission and resubmission of construction plans to ensure the timely review. It reduces the number of times residential care homes must be inspected from three times annually to one time annually. It eliminates the requirement that the inspections be unannounced and permits the inspections to be unannounced. It also eliminates the requirement that one person be invited from a statewide organization of the elderly or disabled by the Department to act as a citizen observer in any inspection and changes it to permits one person be invited from a statewide organization of the elderly or disabled by the Department to act as a citizen observer in any inspection. (Amended by House, Amended by Senate, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: David, Kimberly (S); Caldwell, Chad (H)

Status: Sent to Governor **Status Date:** 05/25/2017

SB0811 Paraphrase: SB0811, by Sen. Kimberly David, R-Porter and Rep. John Enns,

 R-Enid, removes restrictions related to residential substance abuse centers.

(Amended by House, Amended by Senate, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: David, Kimberly (S); Enns, John (H)

Status: Governor Action - Signed **Status Date:** 05/17/2017

SB0827 **Paraphrase:** SB0827, by Sen. Jason Smalley, R-Stroud and Rep. Chad Caldwell, R-Enid, expands the definition of "owner" as it relates to the Nursing Home Care Act. (Amended by House, Amended by Senate, Committee Substitute)

Effective Date: 11/01/2017 **Emergency:** No

Principal Authors: Smalley, Jason (S); Caldwell, Chad (H)

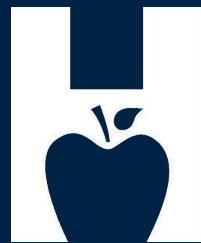
Status: In Committee - Conference **Status Date:** 05/10/2017

Committee(1): [S Conf SB0827 \(C\)](#)

Committee(2): [H Conf Comm on Public Health \(C\)](#)

O K L A H O M A S T A T E B O A R D O F H E A L T H

NEW BOARD OF HEALTH MEMBER ORIENTATION



Jay Holland, CIA, CGAP, CICS
Director, Office of Accountability Systems and
Office of Internal Audit
July 24, 2017

Internal Audit Charter

MISSION

The mission of the Oklahoma State Department of Health (Agency) Internal Audit Department is to independently examine and evaluate the ongoing control processes of the Agency, provide counsel and recommendations for improvement, promote effective control at reasonable cost, and assist management in achieving its strategic vision.

SCOPE OF WORK

- The scope of internal auditing shall encompass the examination and evaluation of the adequacy and effectiveness of the Agency's system of internal control and the quality of performance in carrying out assigned responsibilities. The Chief of Internal Audit and his/her staff shall:
 - Review the reliability and integrity of financial and operating information and the means used to identify, measure, classify, and report such information.
 - Review the systems established to ensure compliance with those policies, plans, procedures, Federal and State Laws, and regulations which could have a significant impact on operations and reports.
 - Review the means of safeguarding assets and, as appropriate, verify the existence of such assets.

Internal Audit Charter

- Review operations to ascertain whether results are consistent with established objectives and goals and whether the operations are being carried out as planned.
- Ensure quality and continuous improvement are fostered in the Agency's control process.

RESPONSIBILITY

- It is the responsibility of the Chief of Internal Audit to:
 - Develop an annual audit plan based on risk assessment. Risk assessment is a systematic process for assessing and integrating professional judgments about probable adverse conditions or events. The audit plan shall be submitted to the Board of Health and Commissioner for review and approval on an annual basis.
 - Implement the annual audit plan, including any special tasks or projects assigned by management and the Agency.
 - Maintain a professional audit staff with sufficient knowledge, skills and experience to meet the requirements of this charter.

Internal Audit Charter

- Furnish management with reports to evaluate the operations for which they are responsible.
- Offer advisory services to management that will allow them to decide the best use of Agency resources.
- Provide sufficient oversight of the fiscal management of and compliance with the federal and state requirements for the programs administered by the Agency.
- Investigate significant suspected fraudulent activities within the organization.
- Serve as a liaison with Federal, State and other external auditing entities.

AUTHORITY

- The Chief of Internal Audit and Staff are authorized to:
- Have unrestricted access to all functions, records, property and personnel.
- Have full and free access to the Agency.

Internal Audit Charter

- Allocate resources, select subjects, determine scopes of work and apply the techniques required to accomplish audit objectives.
- Obtain the necessary assistance of personnel in units of the Agency where they perform audits.

STANDARD OF PRACTICE

- The Internal Audit Unit will abide with the Standards for the Professional Practice of Internal Auditing of the Institute of Internal Auditors.
- The Standards encompass:
 - The independence of the internal auditing department from the activities audited and the objectivity of internal auditors.
 - The proficiency of internal auditors and the professional care they should exercise.
 - The scope of internal auditing work.

Internal Audit Charter

- The performance of internal auditing assignments.
- The management of the internal auditing unit.

CODE OF ETHICS

- The Internal Audit Unit will abide with the standard of conduct promulgated by the Institute of Internal Auditors. The Chief of Internal Audit and staff will:
 - Exercise honesty, objectivity, and diligence in the performance of their duties and responsibilities.
 - Exhibit loyalty in all matters concerning the affairs of the Agency but not knowingly be a party to any illegal or improper activity.
 - Not knowingly engage in acts or activities which are discreditable to the profession of Internal Auditing or to the Agency
 - Refrain from entering into any activity which may be in conflict with the interest of the Agency or which would prejudice their ability to carry out objectively their duties and responsibilities.
 - Not accept anything of value from an employee, client, customer, supplier, or business associate of the Agency that would impair or be presumed to impair their professional judgment.

Internal Audit Charter

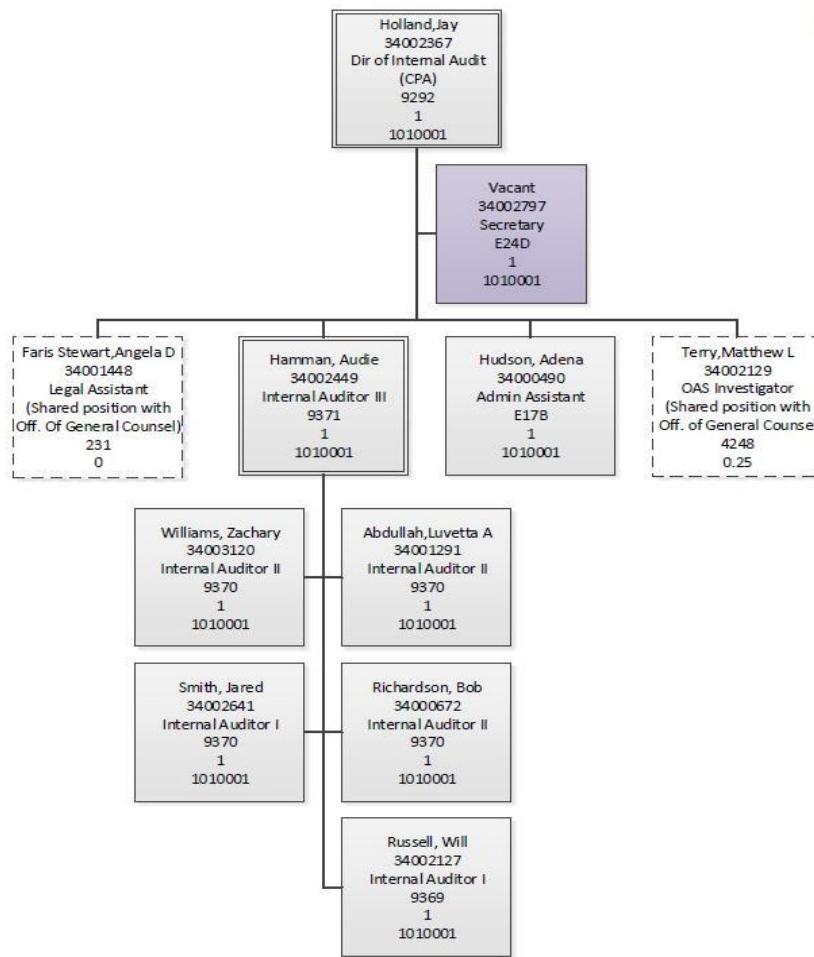
- Undertake only those services that they can expect to complete with professional competence.
- Adopt suitable means to comply with the Standards for the Professional Practice of Internal Auditing.
- Be prudent in the use of information acquired during their duties. They will not use confidential information for any personal gain nor in any manner that would be contrary to law or detrimental to the welfare of the Agency.
- When reporting on results of audit work, will reveal all material facts known to them which, if not revealed, could either distort reports of operations under review or conceal unlawful practices.
- Continually strive for improvement in their proficiency and in the effectiveness and quality of their service.
- Be ever mindful of their obligation to maintain the high standards of competence, morality, and dignity promulgated by The Institute. Abide by the Bylaws and uphold the objectives of The Institute.

Internal Audit Charter

INDEPENDENCE

- The Internal Audit Unit is independent of all activities that they audit. The organizational status of the department is sufficient to permit the accomplishment of audit responsibilities. The Chief of the Internal Audit Unit reports directly and simultaneously to the Board of Health and the Commissioner of Health.

Official Oklahoma State Department
of Health Org Chart
Internal Audit Unit & Office of
Accountability System
March 20, 2017



Legend

- Different Location
- Temporary = Blue
- Galt = Green
- Vacant = Purple

OKLAHOMA STATE DEPARTMENT OF HEALTH INTERNAL AUDIT CHARTER

MISSION

The mission of the Oklahoma State Department of Health (Agency) Internal Audit Department is to independently examine and evaluate the ongoing control processes of the Agency, provide counsel and recommendations for improvement, promote effective control at reasonable cost, and assist management in achieving its strategic vision under the direction of the State Board of Health.

SCOPE OF WORK

The scope of internal auditing shall encompass the examination and evaluation of the adequacy and effectiveness of the Agency's system of internal control and the quality of performance in carrying out assigned responsibilities. The Chief of Internal Audit and his/her staff shall:

- Review the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information.
- Review the systems established to ensure compliance with those policies, plans, procedures, Federal and State Laws, and regulations which could have a significant impact on operations and reports.
- Review the means of safeguarding assets and, as appropriate, verify the existence of such assets.
- Review operations to ascertain whether results are consistent with established objectives and goals and whether the operations are being carried out as planned.
- Ensure quality and continuous improvement are fostered in the Agency's control process.

RESPONSIBILITY

It is the responsibility of the Chief of Internal Audit to:

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- The performance of internal auditing assignments.
- The management of the internal auditing unit.

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Oklahoma State Department of Health
Annual Internal Audit Plan
State Fiscal Year 2018

Introduction

The annual audit plan is used as a blueprint for maximizing audit coverage, optimally using audit resources and providing the greatest benefit to Agency Management and Oklahoma taxpayers. An annual audit plan is prepared at the beginning of each fiscal year and is based on input solicited from each of the deputy commissioners and their finance officers through a comprehensive complex risk assessment approach and concerns of the Accountability, Ethics and Audit Committee of the Board of Health and the Internal Audit Staff.

A risk assessment approach was used to identify and rank the importance of all Department major activities and programs. Based on the complexity of Department operations, geographical dispersion and the current understanding of functional areas, the audit plan for fiscal year 2018 has been developed using criteria to assess risk and prioritize audit projects. Among these criteria are:

- Concerns from the Board of Health, Commissioner of Health, State Auditor's and Inspector's Office, and Internal Audit Unit
- Audits requested by Division management
- Financial risk
- Federal compliance risk
- Miscellaneous (internal control environment, potential effect on state of health, performance measures, time since last audit, etc...)
- Availability of audit resources

The Internal Audit Unit anticipates changes to the plan may become necessary if issues of greater risk arise throughout the fiscal period.

The following brief narratives discuss areas that the Internal Audit Unit will review utilizing current resources.

County Health Department Audits

The Oklahoma State Department of Health maintains 82 county health department locations in 68 counties throughout the State, which provide a variety of health services to the public. Of the \$399* million Agency budget for SFY-18, the county health departments are directly budgeted approximately \$98 million, which consists of \$42 million of State/Federal funds, \$36 million of local millage funds (county payroll reimbursement) and \$20 million of local millage funds (Local Operating Budgets). County health departments also utilize other budgets referred to as Shared Services. Historically, counties utilize approximately \$23.5 million of Shared Services budgets. The budgeted expenditures equate to 30% $((\$98+\$23.5)/\$399)$ of the Agency's total expenditures, indicating a significant need to continue to provide audit coverage to this area.

The Internal Audit Unit will continue striving to review county health department processes once every 3 years, with emphasis placed on compliance with Agency Policies, Federal Program Guidelines, Cash Receipts/Receivables and Depositing Processes, Expenditures (LEP) and related Purchase Orders, Pharmacy Inventory (including Immunization Vaccines), Travel Reimbursement Processes, County and State Fixed Asset Inventory, Temporary Food License, County Contracts and Programmatic requirements (i.e., WIC, Family Planning, TSET, etc...).

Federal Monitoring Requirements

Independent Audit Reports

The Internal Audit Staff plans to further enhance the Agency's monitoring requirements as set forth in the Code of Federal Regulations, 2 CFR Part 200, by continuing to ensure local governments, non-profit organizations and institutions of higher education who are awarded grants to perform services on behalf of OSDH using Federal funds have an Independent Audit performed. If Federal expenditure thresholds are met as established by 2 CFR Part 200, grantees are required to submit the Independent Audit Reporting forms to the Federal Audit Clearing house on an annual basis. These audit report forms are reviewed for any findings pertaining to OSDH awards. Any findings are resolved by the Internal Audit Unit or forwarded to the appropriate program area for resolution.

The Internal Audit Unit will continue to monitor subrecipients of State and/or Federal awards as required by 2 CFR Part 200.

Invoice Validation

Additionally, the Internal Audit Unit will review supporting documentation of grantee invoices as part of the overall Agency subrecipient monitoring process.

Internal Agency and Contract Audits

The Internal Audit Unit anticipates reviewing procedures, internal controls, proper use of funds and supporting documentation, compliance with Federal regulations and state statutes, proper supporting documentation for matching funds and safeguarding of assets, as applicable, for the following areas of concern:

- Terrorism Preparedness and Response
- Compliance with Agency HR Policies (Personnel transactions/Adjustments/Longevity)
- Pharmaceutical Inventory & Credit – Central Office only
- Oklahoma – Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke

The Internal Audit Unit will review the items above as audit staff time will permit.

O K L A H O M A S T A T E B O A R D O F H E A L T H

NEW BOARD OF HEALTH MEMBER ORIENTATION



Office of the General Counsel
Donald D. Maisch, General Counsel

July 24, 2017

Office of the General Counsel

New Board Member Orientation

The Board of Health was created by state law, with the following powers and duties:

- Appoint and fix the compensation of a State Commissioner of Health;
- Adopt such rules, and standards as it deems necessary to carry out any of the provisions of this Code;
- Accept and disburse grants, allotments, gifts, devises, bequests, funds, appropriations, and other property made or offered to it; and
- Establish such divisions, sections, bureaus, offices, and positions in the State Department of Health as it deems necessary to carry out the provisions of this Code.



Office of the General Counsel

New Board Member Orientation

The Office of the General Counsel provides legal support for the Board, especially with issues concerning:

- Compliance with the Open Meetings Act;
- Executive Sessions held by the Board, especially when investigations, personnel matters or enforcement actions are discussed;
- Assistance with rulemaking upon request;
- Representation wherein the Board or members of the Board are a party to the proceeding.
- Other issues as assigned by the Commissioner of Health, Chair of the Board, and/or by request of the entire Board.

Office of the General Counsel New Board Member Orientation

CASE SUMMARY MEMO

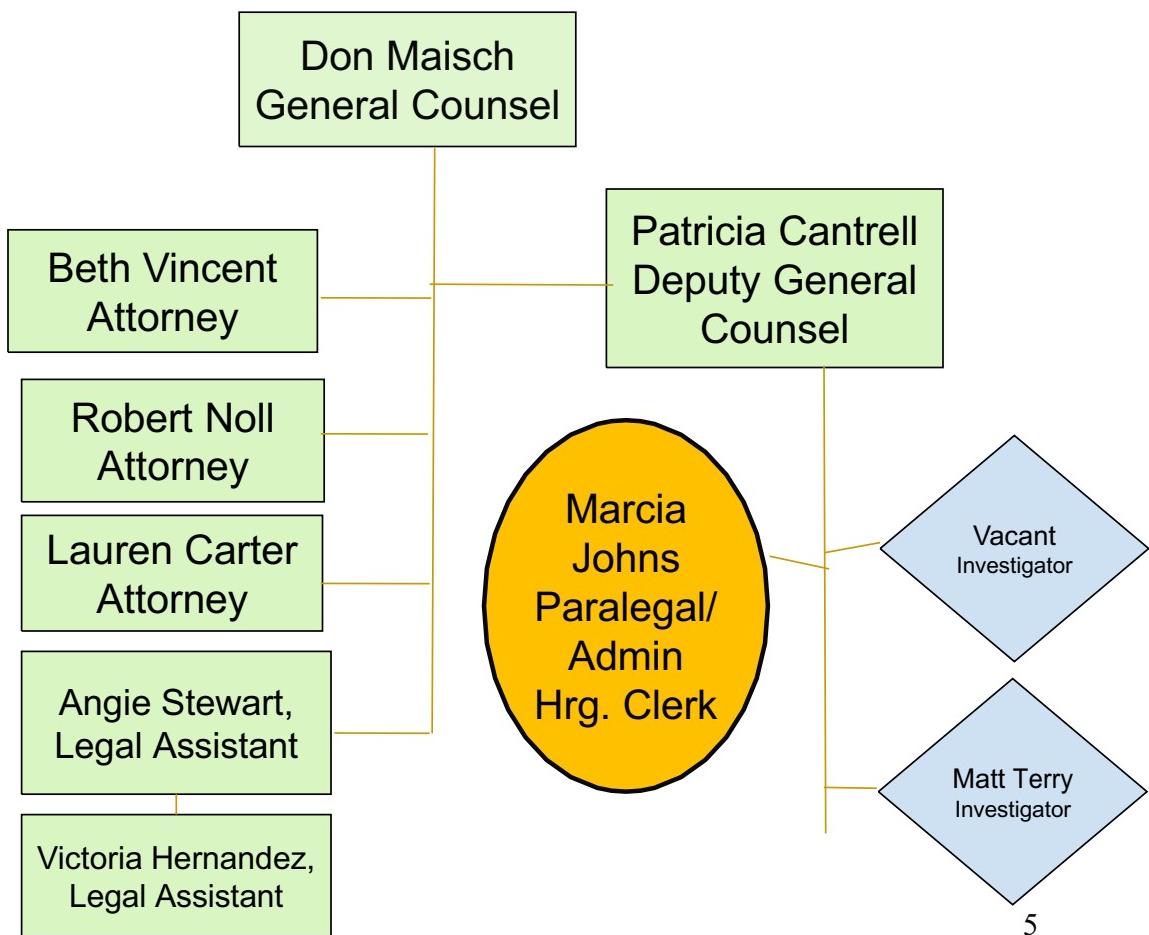
Prior to each Board Meeting the Office of the General Counsel provides a memo to the members of the Board of Health that contains updates on legal matters that are pending in either the Federal Court System or the State Court System that involve the Board, the Commissioner of Health or the OSDH.

The memo is uploaded to the Board portal in a file entitled “Office of General Counsel Case Summary Report.” This file is located in the “Documents” file on the main page of the portal, within the “Committee Files” link. An e-mail is sent to the Board members before each Board meeting with the link to the memo.

The “Office of General Counsel Case Summary Report” file contains the memo with the current updates, but all historic memos dating back to 2011.

Office of the General Counsel

New Board Member Orientation



Office of the General Counsel

New Board Member Orientation

The Office of the General Counsel works with all the Services of the Oklahoma State Department of Health. Specifically, the Office of the General Counsel provides counsel and legal services for:

- Enforcement of Licensure Issues:
 - Consumer Protection Services (Food Service Establishments, Tattoo and Body Piercing Artists);
 - Long Term Care Facilities (Nursing Homes, Assisted Living Centers, Residential Care Facilities);
 - Certified Nurse Aids (that generally work in Long Term Care Facilities);
 - Emergency Medical Services (Ambulance Services, Hospitals).



Office of the General Counsel

New Board Member Orientation

The Office of the General Counsel provides counsel and legal services for:

- Personnel Issues
- Health related legal issues (TB and HIV/STD cases)
- Issues that arise concerning vital records (birth and death records)
- Open Records Requests
- Support to the various Advisory Councils and Committees
- Support to the County Health Departments

Office of the General Counsel

New Board Member Orientation

The Office of the General Counsel provides counsel and legal services for:

- Contract review
- Rulemaking
- Legislative Support (including legislative inquiries)
- Legal Questions posed by OSDH Management
- Issues assigned by the Commissioner's Office
- Issues assigned by members of the OSDH Senior Leadership
- Legal matters wherein the Agency is named as a party, or OSDH Staff or Board Members may be named as parties in carrying out their official functions.

Office of the General Counsel New Board Member Orientation

The Office of the General Counsel provides legal and investigative support to:

- Office of Accountability Systems (Jay Holland)
- OSDH Internal Audit Unit (Jay Holland)
- OSDH Office of Civil Rights (Human Resources)

Office of the General Counsel New Board Member Orientation

(405) 271-6017

(405) 271-1268 (fax)

e-mail: *DonM@health.ok.gov*

OSDH web page: *http://www.ok.gov/health*

QUESTIONS

O K L A H O M A S T A T E B O A R D O F H E A L T H

NEW BOARD OF HEALTH MEMBER ORIENTATION



Office of the State Epidemiologist
Kristy Bradley, DVM, MPH, DACVPM
State Epidemiologist

July 24, 2017

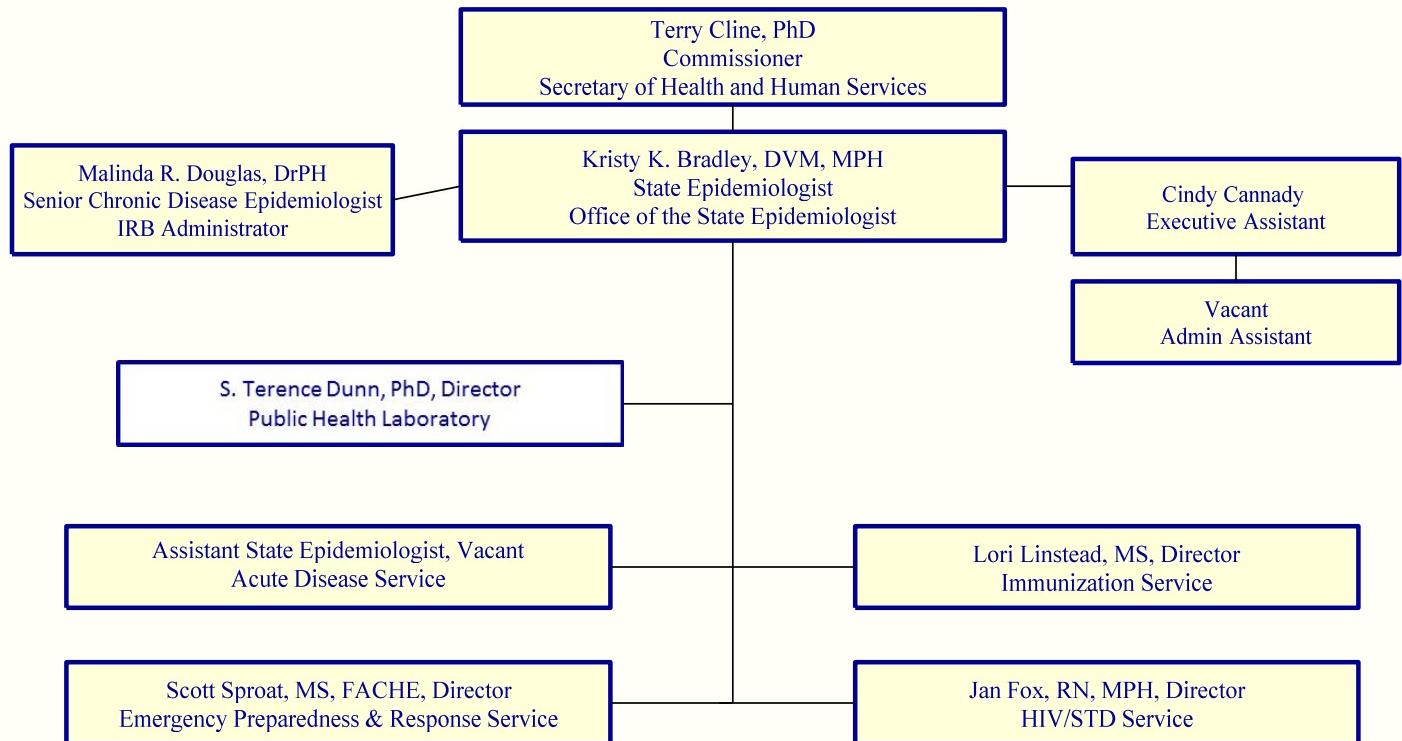
Office of the State Epidemiologist

Kristy K. Bradley, DVM, MPH
State Epidemiologist

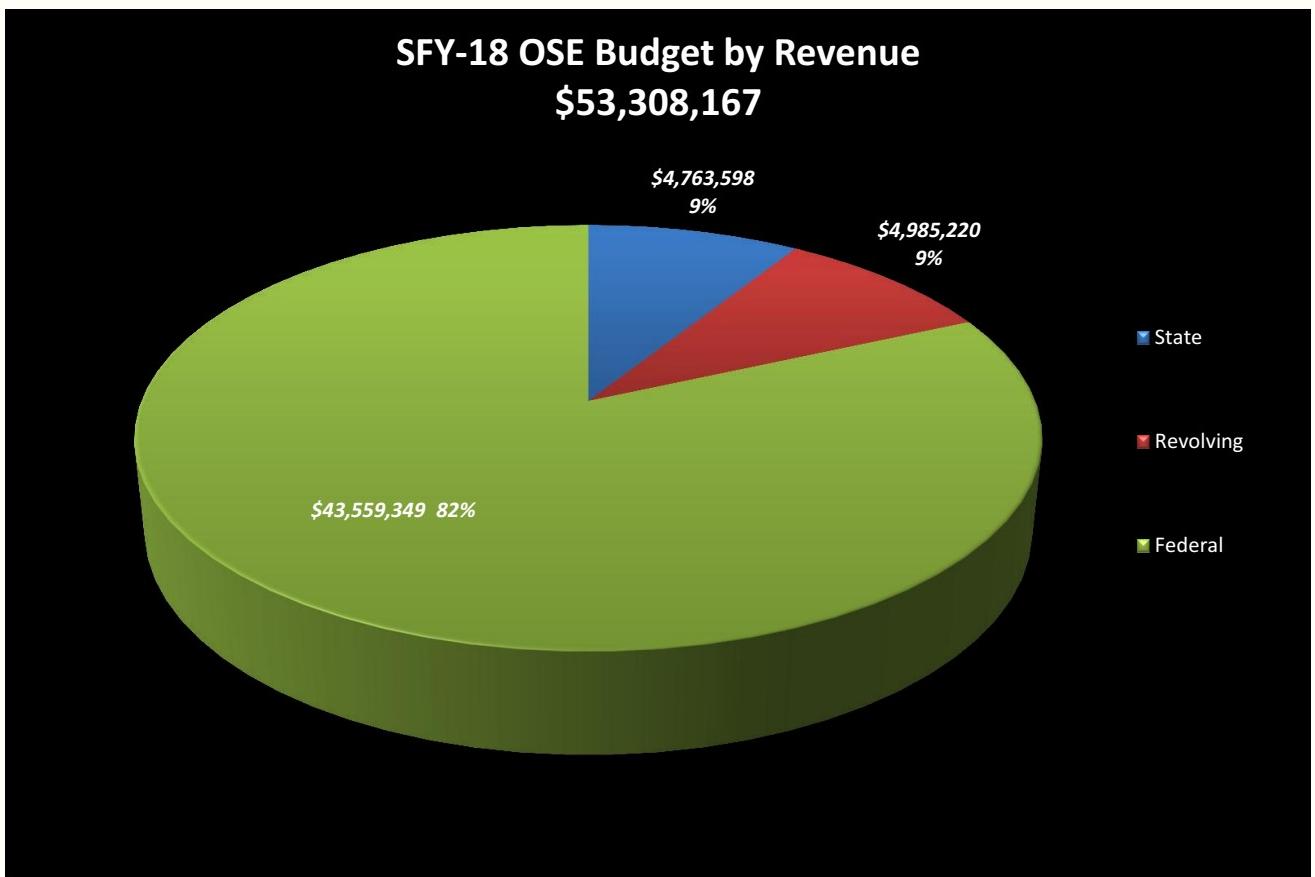
Primary population-based public health services focused on:

- ❖ Conducting surveillance for infectious diseases and assessing risk factors and populations most affected
- ❖ Preventing epidemics and the spread of infectious diseases
- ❖ Promoting and encouraging preventive behaviors
- ❖ Responding to all-hazard public health emergencies
- ❖ Assuring the accessibility of immunizations
- ❖ Public health laboratory services

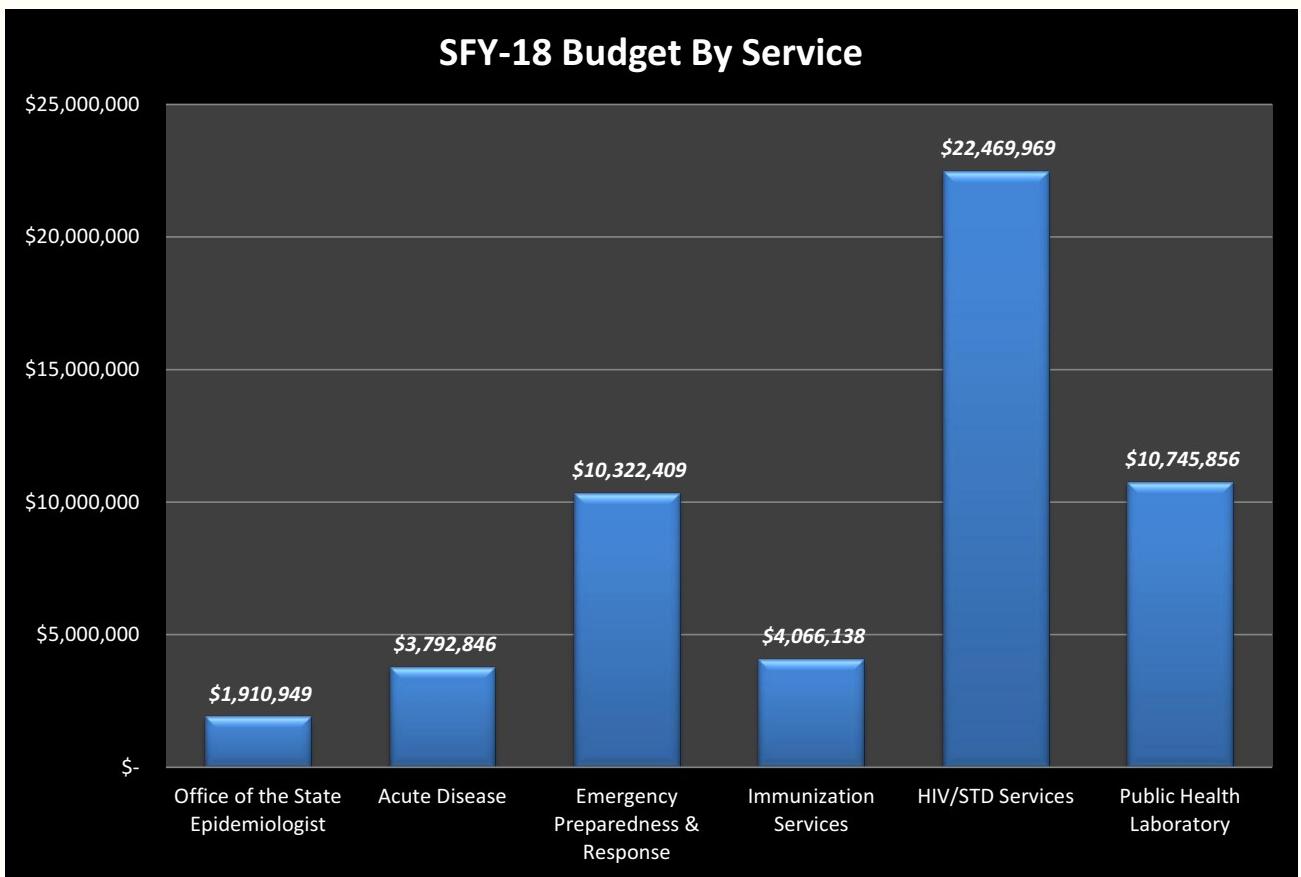
Office of the State Epidemiologist Organizational Chart



Office of the State Epidemiologist Budget Information



Office of the State Epidemiologist
Budget by Service
\$53,308,167



Office of the State Epidemiologist

Service Areas

- ❖ Acute Disease Service
- ❖ Emergency Preparedness & Response Service
- ❖ Immunization Service
- ❖ HIV/STD Service
- ❖ Public Health Laboratory

Office of the State Epidemiologist

- ❖ Promote extra-agency collaborations and partnerships
 - State, federal, tribal and local
 - Universities (Adjunct Faculty appointments)
 - Advisory Boards and Committees
- ❖ Assist with policy development and analysis
 - Suggest OSDH-sponsored legislation
 - Provide epidemiologic data and information for legislators
- ❖ Supervise federally-funded fellows or interns
- ❖ Provide mentorship and peer review of employee-authored publications and conference presentations
- ❖ Represent Oklahoma's interests on the Council of State and Territorial Epidemiologists
 - Chair of Infectious Disease Steering Committee
 - Tribal Epidemiology Committee
 - Past-President, National Association of State Public Health Veterinarians
- ❖ Manage federal grants (PI of Epidemiology and Laboratory Capacity cooperative agreement)

Senior Chronic Disease Epidemiologist OSDH IRB Administrator

Malinda R. Douglas, DrPH

Primary Duties

Consultation and technical assistance:

- Chronic disease annual reports/research projects
- Program evaluation
- Review of scientific publications and presentations for regional/national meetings

IRB Administration:

- Facilitates agency IRB reviews, communication, processes
- Assures compliance with federal wide assurance of research involving human subjects

Acute Disease Service

Director, Vacant

Governing Statutes

- ❖ **Prevention and Control of Disease**

63 O.S. §1-106;

63 O.S. § 1-501 - § 1-508;

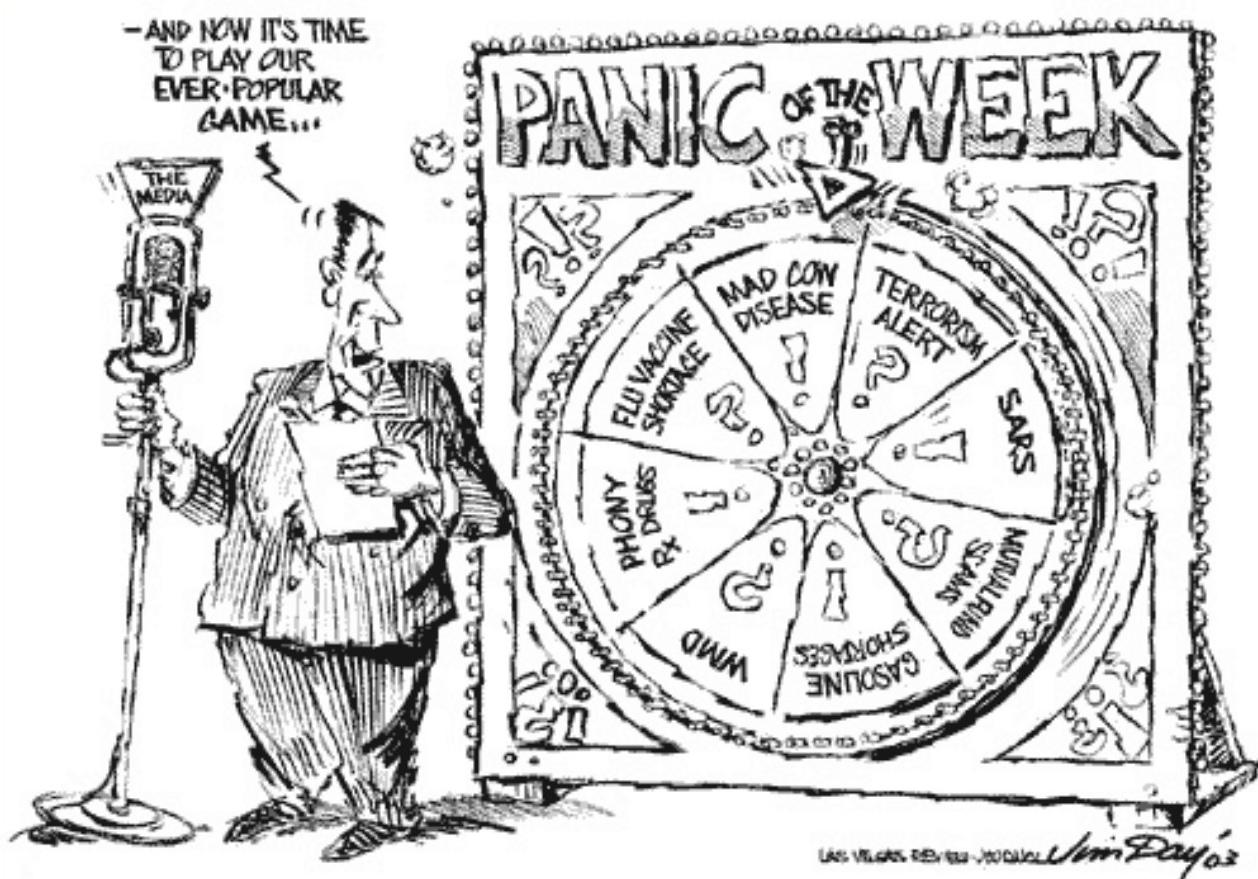
OAC 310:515-1-3

Under this statutory authority, the Acute Disease Service (ADS) controls, suppresses, and prevents the occurrence or spread of infectious diseases in Oklahoma. With the authority to establish a system of reporting cases of infectious disease, OSDH has promulgated rules that establish a list of over 60 diseases/organisms to be reported, as well as time frames and methods for reporting.

- ❖ **Tuberculosis (TB)**

63 § 1-401 - §1-410

Under this statutory authority, the Acute Disease Service controls tuberculosis (TB) in the State of Oklahoma. Activities include: diagnosis, treatment, medication administration, isolation, diagnostic procedures, hospitalization, or confinement for treatment or transmission prevention.



Acute Disease Service Primary Functions

❖ Surveillance and Informatics Division

- Manage and enhance the state's secure, web-based disease reporting and investigation system
 - Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) -- used by > 2,200 public health nurses, epidemiologists, laboratorians, and infection preventionists
- Process received infectious disease case reports and analyze surveillance data
- Develop, maintain, and manage the Oklahoma Health Alert Network (OK-HAN)

❖ Communicable Disease Division

- Maintain an Epidemiologist-on-Call 24/7/365 for consultation, investigation, and provision of disease prevention recommendations
- Conduct case investigations of over 60 reportable diseases and on-site investigations of outbreaks in a variety of settings

❖ Tuberculosis Control Division

- Physicians (2) and nurses (2) provide medical diagnosis, treatment, management of active and latent tuberculosis cases, and contact investigations

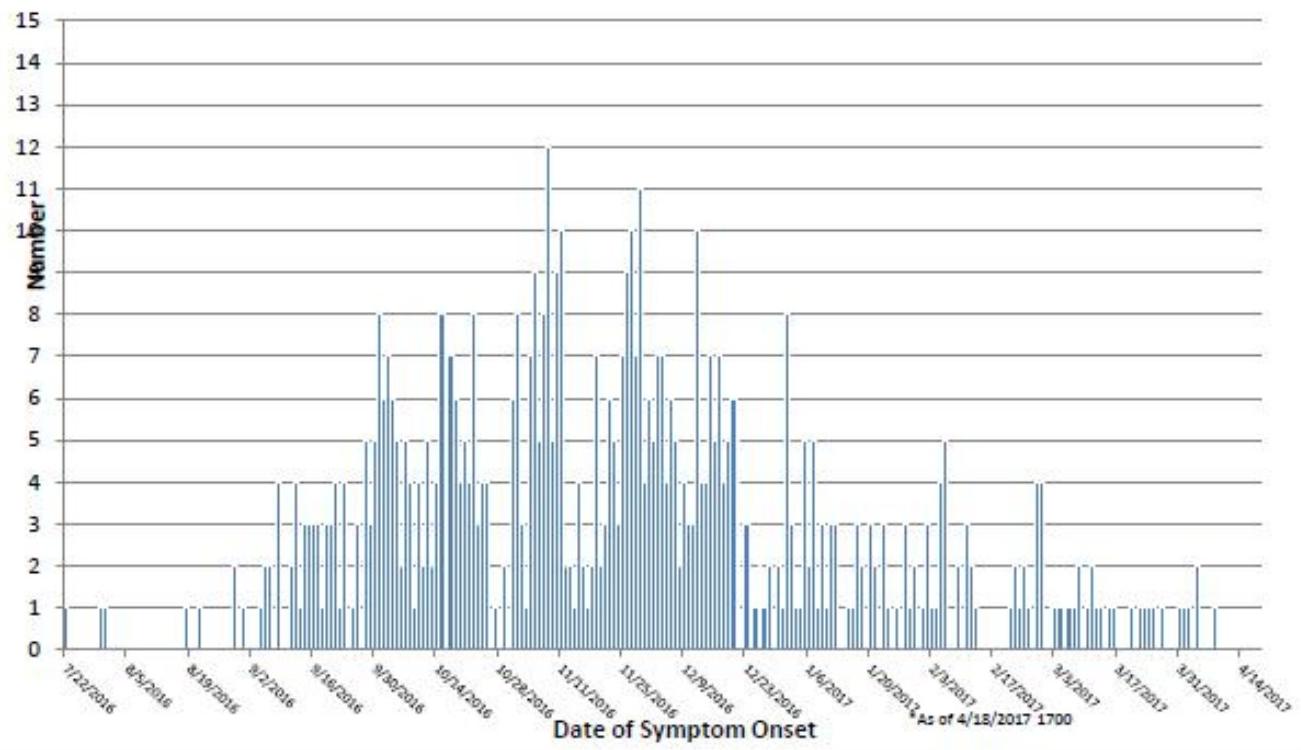
Acute Disease Service 2016 Stats

- ❖ 20,950 infectious disease reports received via PHIDDO (includes HIV, STD and hepatitis)
- ❖ 115,658 laboratory reports indicating reportable diseases received via Electronic Laboratory Reporting system (includes HIV, STD, hepatitis and lead)
- ❖ 6,542 cases meeting confirmed or probable surveillance case definitions reported to CDC
- ❖ 831 requests for consultations or immediately notifiable disease reports were submitted to the Epi-on-Call system after-hours, ADS epidemiologists responded to 822 (99%) within 15 minutes.
- ❖ 28 Disease outbreak investigations conducted
 - 247 Oklahomans experienced illness
 - 2,809 Oklahomans were affected
 - 16 Oklahoma businesses or institutional settings were affected
- ❖ 78 Active cases of tuberculosis (TB)
 - 1,094 contacts identified of which 101 (9.2%) were infected
 - 1 of the active cases was in a child \leq 5 years

Acute Disease Service

- ❖ Notable 2016 investigations (disease type, location, number of cases)
 - Large mumps outbreak in multiple counties (Garfield, McCurtain, Kay, Tulsa) beginning in September 2016 and extending into 2017; > 600 cases
 - Zika virus, 29 travel-associated cases (739 healthcare provider consultations)
 - Pertussis outbreak in Amish community; 5 cases (119 persons interviewed)
 - Tuberculosis -Large-scale contact investigation in Ottawa county, 2 cases and approximately 1,900 contacts
- ❖ Lectures or trainings provided
 - 7 Communicable Disease Nurse trainings (1 statewide and 6 video conferences)
 - 7 PHIDDO & OK-HAN trainings for public health and health care personnel
 - 4 * 2-day New TB Nurse trainings for county public health nurses
 - Over 50 lectures to external professional groups or students in graduate education programs

**Number of Mumps Outbreak-Associated Cases by Date of Symptom Onset,
Oklahoma, 2016-2017 (N=607)**



Emergency Preparedness & Response Service

Scott Sproat, MS, FACHE

Governing Statutes

❖ Strategic National Stockpile

63 O.S. §682.1

This statute requires the OSDH to offer a vaccination program for first responders who may be exposed to infectious diseases when deployed to disaster locations. The OSDH has developed a Strategic National Stockpile (SNS) program at both the local and state level. The SNS program is designed to rapidly distribute medications to the population (including first responders) during public health emergencies.

❖ Catastrophic Health Emergency Plan

63 O.S. §6102 - 6804

The purpose of this statute is to enable the government to exercise extraordinary government powers and functions to protect the health, safety, and general well-being of its citizens during a catastrophic health emergency (CHE). This statute also requires the convening of a task force and the development of a comprehensive plan to provide for a coordinated, appropriate response in the event of a catastrophic health emergency. This function has been overseen by the OSDH as an addendum to Emergency Support Function #8 (ESF #8), Health and Medical Services of the State's Emergency Operations Plan.

Emergency Preparedness & Response Service Mission and Responsibilities

- ❖ Develop, train and exercise an internally and externally-integrated, National Incident Management System (NIMS) compliant, comprehensive all-hazards public health and medical response system for all Oklahomans including those with special needs
- ❖ Administer the Centers for Disease Control (CDC) Public Health Emergency Preparedness Grant and the Assistant Secretary of Preparedness & Response (ASPR) Hospital Preparedness Program Grant
- ❖ Coordinate agency continuity of operations planning efforts and drills to assess preparedness

OSDH Situation Room



State-Level Public Health Emergency Activations and Responses -- 2004 to Current Date

- ❖ Garfield County Mumps Outbreak (2016)
- ❖ December Winter Storm Response (2015)
- ❖ OSU Homecoming Parade Mass Casualty Incident (2015)
- ❖ Spring Severe Weather Response (2015)
- ❖ Indiana HIV Outbreak Deployment (2015)
- ❖ Ebola Virus Disease Preparedness (2014)
- ❖ Unaccompanied Minor Children (2014)
- ❖ May Wildfire Response (2014)
- ❖ Quapaw Tornado Response (2014)
- ❖ May Tornado Response (2013)
- ❖ Dental Health Associated Infection (hepatitis C virus) response (2013)
- ❖ West Nile virus Outbreak Response (2012)
- ❖ Oklahoma Burning – Statewide Wildfire Response (2012)
- ❖ Woodward Tornado Response (2012)
- ❖ Operation Cool Down (Excessive Heat Response (2011)
- ❖ Spring Tornado Response (2011)
- ❖ Oklahoma Frosty Freeze – January Winter Weather Response (2011)
- ❖ Oklahoma Twister – May Tornado Response (2010)
- ❖ Operation March Madness – Severe Winter Weather Response (2010)
- ❖ Operation Deep Freeze – Extreme Winter Weather Response(2010)
- ❖ Let It Snow – January Snow Storm (2010)
- ❖ Oklahoma's H1N1 Pandemic Influenza Response (2009-2010)
- ❖ White Christmas – Christmas Eve Blizzard Response (2009)
- ❖ Pawnee County Anhydrous Ammonia Pipeline Release (2009)
- ❖ Major County Wildfire Response (2009)
- ❖ Hurricane Ike(2008)
- ❖ Hurricane Gustav (2008)
- ❖ NE Oklahoma E. coli Outbreak (2008)
- ❖ Hurricane Dean (2007)
- ❖ December Ice Storm (2007)
- ❖ January Ice Storm (2007)
- ❖ Hurricane Katrina (2005)
- ❖ Hurricane Rita (2005)
- ❖ Operation Hurricane Recovery (2004)

HIV/STD Service

Jan Fox, MPH, RN

Governing Statutes

❖ STD

63 O.S. 1-526 - 1-532

The referenced statutes authorize the BOH to promulgate rules to control and prevent sexually transmitted diseases (STD) including quarantine of infected persons. The statutes also outline duties imposed upon physicians, hospitals and penal institutions to report cases to OSDH and OSDH's responsibility to investigate such reports.

❖ HIV Program

63-1-534.1 - 63-1-534.2

Designates the OSDH to act as the lead agency for the coordination of programs and services related to Human Immunodeficiency Virus (HIV) and shall submit an annual report regarding the state plan to the Governor. The statutes define the content of the state plan.

❖ Syphilis Testing

63 O.S. 1-515

This statute specifies that syphilis testing of pregnant women must be submitted to a lab which has been approved by the Commissioner of Health.

HIV/STD Service

- ❖ The HIV/STD Service prevents the spread of HIV, STD and Viral Hepatitis by conducting the following activities:
- ❖ HIV, AIDS, syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis C surveillance
- ❖ Primary and secondary HIV, STD and viral hepatitis prevention
 - Health Education
 - Diffused Evidence Based Interventions (DEBIs)
 - Counseling, Testing and Referral Services (CTR)
 - Disease Intervention and Partner Counseling and Referral Services (PCRS)
- ❖ Tertiary HIV/AIDS prevention
 - HIV/AIDS Drug Assistance (HDAP)
 - Insurance Co-pay Assistance
 - Home Health
 - Drug Adherence Assessment and Counseling
 - Clinical and social case management, dental services, transportation, mental health and substance abuse services, laboratory services, primary medical care

HIV/STD Service

❖ 2016 - Sexually Transmitted Diseases in Oklahoma

- **21,224 chlamydia cases** reported*
 - Highest rates among persons 20-24 years of age in 2015
- **7,461 gonorrhea cases** reported*
 - Disproportionate impact among minority populations
 - Antibiotic resistant strains emerging
- **5,939 persons living with HIV/AIDS***
 - Approximately 305 HIV cases are newly diagnosed annually (average for 2012-2016)
 - Infected pool growing larger, increasing potential for transmission
- **39 acute hepatitis B and 101 acute hepatitis C** cases reported
 - 71 infants born to hepatitis B infected women
 - 94,200 Oklahomans may be infected with hepatitis C
 - Deaths related to chronic hepatitis C increasing annually
- **256 new cases of primary and secondary syphilis** diagnosed*
 - Oklahoma, Tulsa, and Comanche counties have the highest rates in the state
 - Current outbreak in Oklahoma county among IV drug-using social network

*2016 data is provisional and subject to change

HIV/STD Service

- ❖ During 2016 -- 1,900 doses of hepatitis A and hepatitis B vaccine provided to inmates incarcerated by Oklahoma Department of Corrections, new hepatitis C cases and to persons in homeless shelters
- ❖ 1,722 individuals received Disease Intervention Services*
- ❖ Approximately 31,500 HIV tests were performed by the Public Health Lab
- ❖ Approximately 4,300 HIV rapid testing and counseling sessions completed by community-based organizations
- ❖ 55,805 total chlamydia tests performed by county health departments
- ❖ 1,908 persons received assistance through Oklahoma HIV Drug Assistance or Health Insurance Assistance Co-pay and Premium Assistance Programs (decreased viral load = decreased potential for transmission)

*2016 data is provisional and subject to change

Immunization Service

Lori Linstead, MS

Governing Statutes

❖ Immunization Enforcement

70 O.S. §1210.191 - 1210.193

The provisions of these statutes authorize the BOH, by rule, to set the list of required immunizations of minor children for school entry. It also tasks the OSDH to supervise and secure the enforcement of the required immunizations; provide the required immunizations to such pupils whose parents are unable to pay; and serve as the depository for records of exemptions from the required immunizations.

❖ Oklahoma Child Care Licensing Act

10 O.S. § 412

This statute authorized the BOH to set, by rule, the list of required immunizations for children to attend childcare facilities. This statute also requires the Department of Human Services to render assistance to the State Department of Health in the enforcement of the required immunization program. This assistance shall be in the form of revocation or denial of the license of any child care facility not in compliance.

❖ Meningococcal Meningitis

70 O.S. §1210.195;

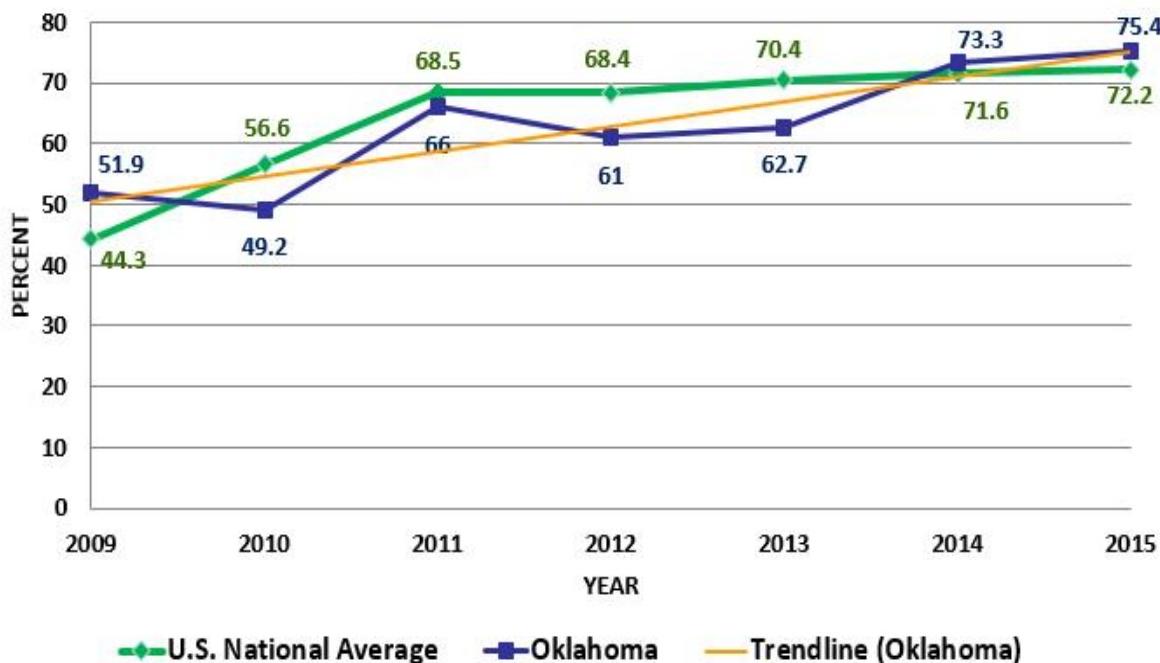
70 O.S. §3242

The referenced statutes require the OSDH to work with the Department of Education to develop and make available information about meningococcal meningitis for distribution to the parents of middle school students, to include information regarding vaccination against the disease. The OSDH is also required to provide consultation to the State Board of Regents for Higher Education regarding vaccination against meningococcal disease for students of postsecondary educational institutions in this state.

Immunization Service Primary Functions

- ❖ Improve vaccine coverage rates among all Oklahoma residents
- ❖ Coordinate distribution of publicly purchased vaccine (Vaccines for Children - [VFC], 317 and state- purchased)
 - Overall, 74% of Oklahoma children are VFC eligible
 - 83% age 0-6 yrs
 - 63% age 7-18 yrs
 - 842 VFC providers
 - Estimated \$70 million annual federal vaccine purchases
 - \$400,000 allocated for state vaccine purchases
 - \$1.7 million in state funds used to purchase influenza vaccine
- ❖ Communicate/develop immunization policy
- ❖ Supervise and secure the enforcement of immunization requirements
- ❖ Maintain a statewide immunization registry-OSIIS

Estimated Coverage for the Vaccination Series 4:3:1:3:3:1:4
among Children 19- through 35 Months of Age, Oklahoma and U.S. Overall
National Immunization Survey, United States, 2015



**4:3:1:3:3:1:4 - 4 DTaP, 3 Polio, 1MMR, 3 or Hib depending on type,
3 Hepatitis B, 1 Varicella, 4 PCV
Healthy People 2020 Target - 80%

Adolescent Immunization Coverage

Estimated Percentage of Oklahoma Children 13-17 Years of Age Receiving Recommended Adolescent Immunizations by Type of Vaccine, 2011 – 2015*

Vaccines	Oklahoma					US National 2015
	2011	2012	2013	2014	2015	
1 Tdap	66.0	77.1	78.1	82.6	84.4	86.4
1 MCV4	55.3	63.8	66.2	70.8	68.1	81.3
1 HPV (females)	49.8	55.1	54.8	65.3	58.1	62.8
3 HPV (females)	27.7	38.4	35.4	36.4	32.2	41.9
1 HPV (males)	8.9	24.4	45.2	43.2	52.9	49.8
3 HPV (males)	NA	10.6	17.3	19.9	35.7	28.1

- * Data source = National Immunization Survey
Tdap – Tetanus, diphtheria, acellular pertussis vaccine; 1 dose required for 7th grade entry in Oklahoma
MCV4 – Meningococcal conjugate quadrivalent vaccine (Serogroups A, C, W, and Y)
HPV – Human papillomavirus vaccine; effective 10/20/2016, 2 doses of HPV are recommended for adolescents who begin the vaccination series before age 15.

OSIIS Registry

- ❖ New Version of Immunization Information System launched early 2016
 - Consolidated immunization registry; forecasts needed vaccines; sends notification to parents of young children when vaccines are due/past due
 - >25 million vaccinations recorded for over 3 million individuals
 - Vaccine accountability system
 - Automatic vaccine ordering
- ❖ Directions for expanded use and functionality
 - Bidirectional exchange of data to populate immunization records from/to electronic health records
 - Improved vaccine forecasting ability to reduce missed opportunities to vaccinate in providers' clinics
 - Enhanced analyses of data

Immunization Service Current Activities/Challenges

- ❖ Immunization priorities
 - Improving Tdap coverage among pregnant women
 - Improving adolescent uptake of Tdap, HPV and Meningococcal vaccines
 - Establishing a public health billing system for privately insured individuals
 - Increasing immunization coverage of children 19 – 35 months of age
 - Managing periodic vaccine shortages/vaccine shipping delays
- ❖ Vaccine provider quality improvement
- ❖ Day care assessments
- ❖ Forecasting needs for seasonal influenza orders



Public Health Laboratory

S. Terence Dunn, PhD

Governing Statutes

❖ Newborn Metabolic Screening

63 O.S. §1-533 - 1-534

The referenced statutes require the State Board of Health to promulgate such rules and regulations pertaining to newborn screening tests as accepted medical practice shall indicate, and is authorized to make such testing mandatory if sufficient evidence exists that the public has been negligent in accepting such practice and if the Board considers it in the public interest to do so. The State Board of Health is hereby authorized to set up laboratory facilities and use existing facilities for the performance of examinations and tests for the detection of these diseases and make a reasonable charge therefore.

Public Health Laboratory

❖ **Accessioning**

- Shipping/receiving specimens, kits, and reagents
- Distribution of collection kits to County Health Departments
- Quality control and quality assurance of reagents



❖ **Immunology/Serology**

- Serologic/immunologic-based testing, e.g., HIV, syphilis, hepatitis, arbovirus, etc.

❖ **Microbiology**

- Perform wide spectrum of microbiological testing for hospitals and clinics statewide
- Disease surveillance/outbreak investigation support
- Bioterrorism (BT) testing on possible credible threats
- Participate in *Laboratory Response Network* (national response to public health emergencies and chemical and biological terrorism)

❖ **Molecular**

- Perform molecular-based testing, e.g., influenza, pertussis, norovirus, enterohemorrhagic *E. coli*, etc.
- Participate in CDC PulseNet (detects national foodborne disease case clusters by PFGE)
- Aid in identification of select agents

Public Health Laboratory

❖ Newborn Screening

- Testing of approximately 54,000 newborns annually for 54 congenital/metabolic disorders

❖ Tuberculosis/Mycology

- Rapid diagnosis and primary drug susceptibility testing of *Mycobacterium tuberculosis* complex
- Testing for fungi and aerobic actinomycetes for hospitals and clinics statewide

❖ Virology

- Rabies testing (sole laboratory within the state)

❖ Field Laboratory Operations

- Monitor county health departments for CLIA/CAP compliance with laboratory practices

Public Health Laboratory

❖ Preparedness Training

- Provide outreach training to hospital laboratories, emergency departments, and first responders, including hazmat teams and law enforcement
 - Response to biological or chemical terrorism
 - Outbreak response
 - Biosafety in the laboratory
 - Packaging / shipping of laboratory specimens

❖ Pharmacy

- Provide medications to county health departments for public health programs (e.g., tuberculosis, STDs, preconception care, etc.).

Public Health Laboratory

❖ Ongoing Quest – Obtaining Funding for New Laboratory

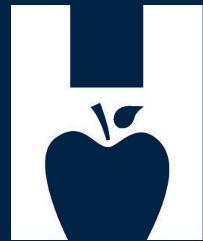
- 2009 - HDR-CUH2A architectural firm, specializing in laboratory design, began multiple visits and discussions with the laboratory and steering committee to assess needs
 - 2009 - architect presentation to steering committee and OSDH management team
 - 2009 to 2014 - Capital Outlay Project request to the Legislature of \$43,835,374 to build 55,000 net sq. feet (included pharmacy and new Emergency Operations Center)
-
- 2016 - Revised architectural plans for 49,000 net square feet of functional laboratory space adjacent to OSDH building (an additional 14,000 sq ft is needed for mechanical penthouse on lab building)
 - 2017 - Bond request bill of \$58,553,298 includes \$8M renovation of existing lab wing to functional office and conference room space



OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

O K L A H O M A S T A T E B O A R D O F H E A L T H

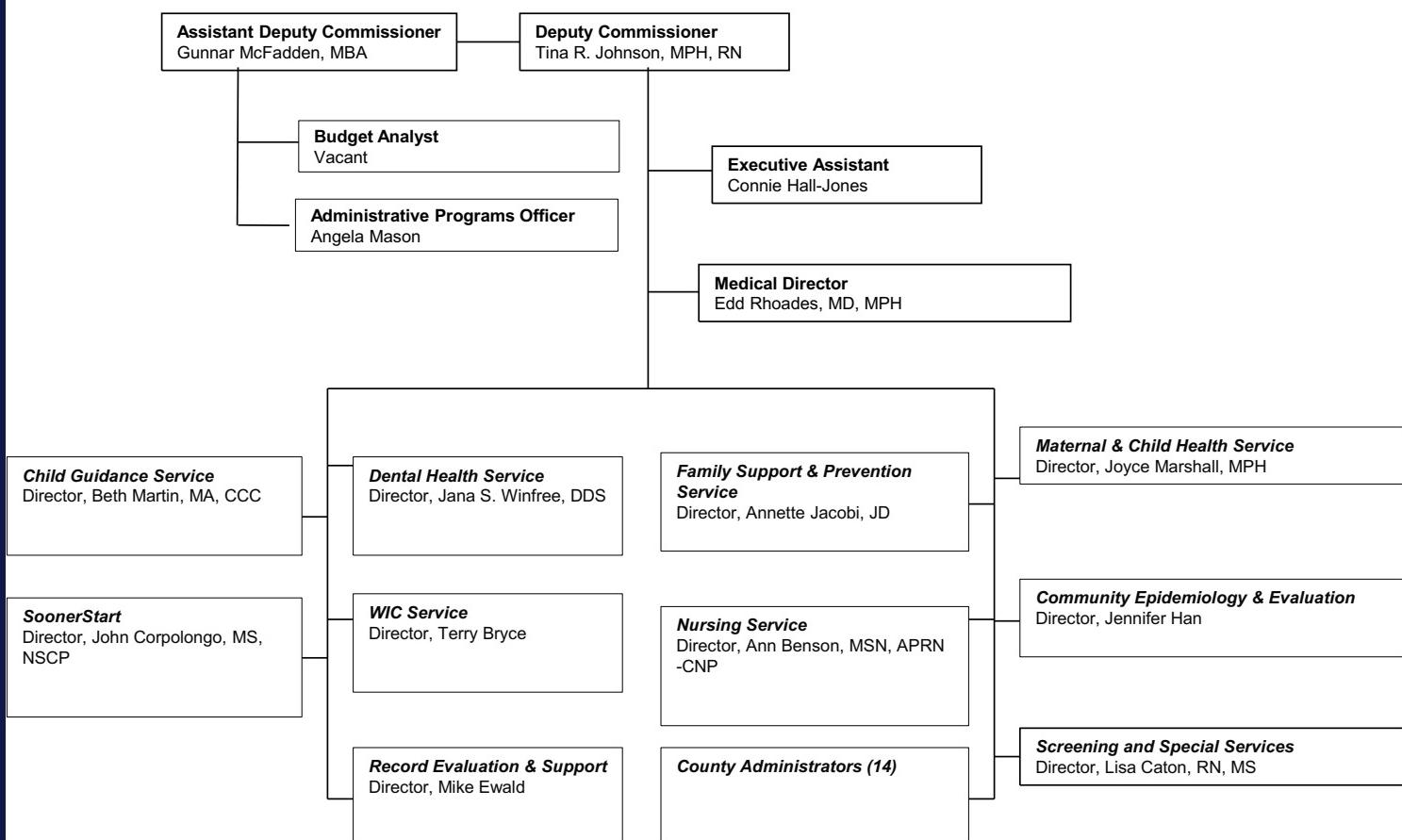
NEW BOARD OF HEALTH MEMBER ORIENTATION



Community & Family Health Services
Tina R. Johnson, MPH, RN
Deputy Commissioner

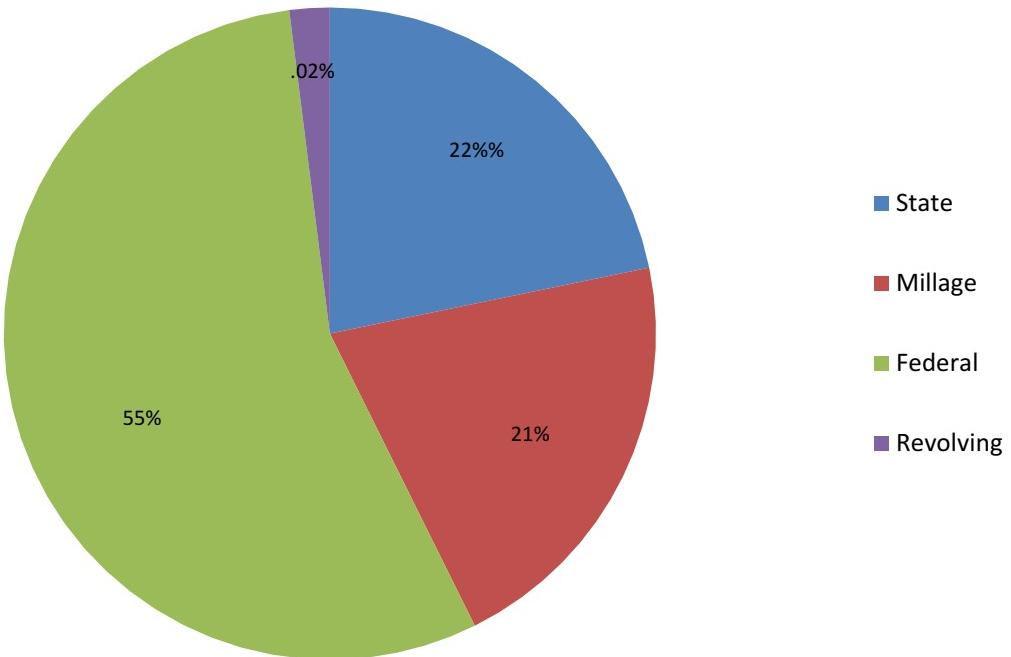
July 24, 2017

Community and Family Health Services



COMMUNITY AND FAMILY HEALTH SERVICES COMBINED REVENUES

Total \$152.4M



Does not include \$61 M in WIC Food Costs

Community and Family Health Services Budget Summary

<i>Expenditure Category</i>	<i>Budget</i>	<i>Percent of Budget</i>
Personnel	\$93,776,291	44.72%
WIC Food Costs	\$61,000,000	29.09%
Professional Services	\$25,995,457	12.40%
Other Expenditures	\$10,187,627	4.86%
Local Government Subdivisions	\$17,146,344	8.18%
Travel	\$1,359,067	.65%
Equipment	\$215,806	.10%

C&FHS Average Full Time Equivalent Employees (FTE) for SFY 17 – 1,381

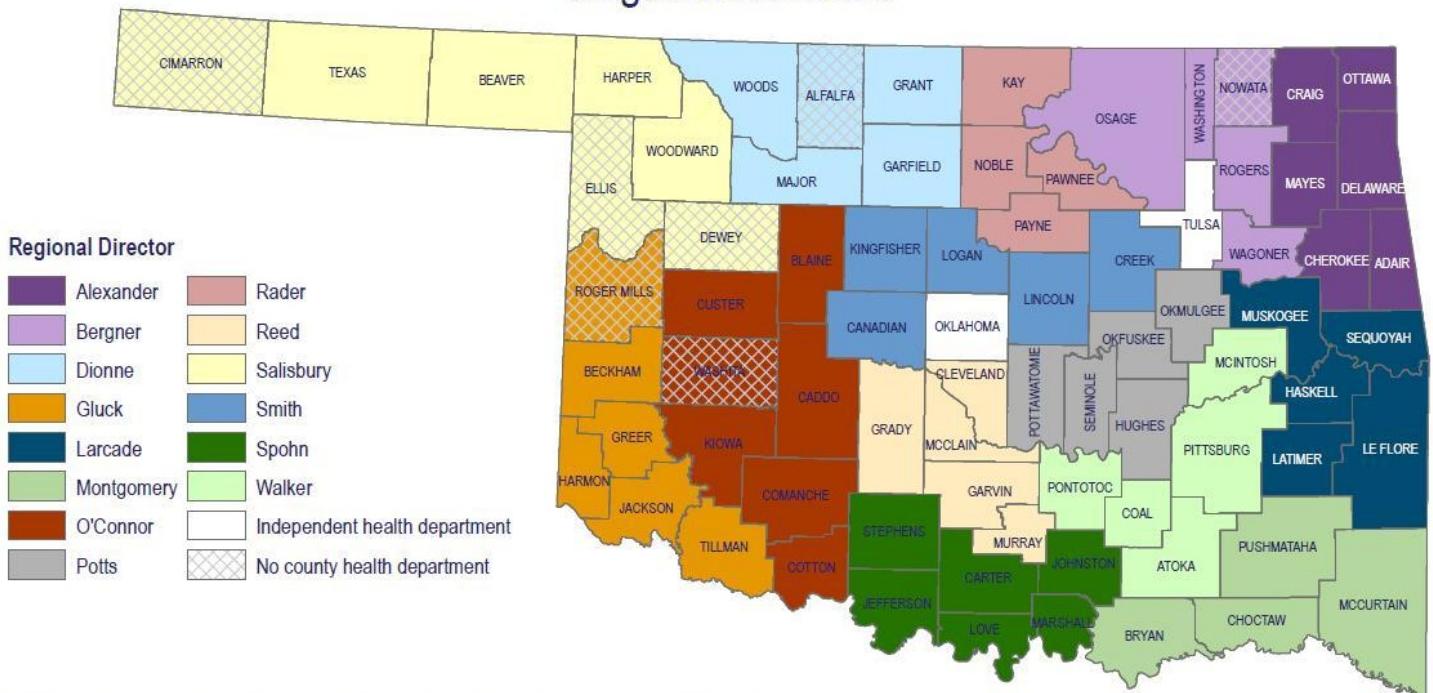
Nursing Service

Director: Ann Benson, MSN, APRN-CNP

Responsible for the support of public health nurses statewide

- Provides clinical physician approved protocols
- Professional development, continuing education and training opportunities
- Public Health response and preparedness
- OSDH has approximately 420 nurses and 39 APRN's

Oklahoma State Department of Health Regional Directors



Data Source: Community and Family Health Services, Oklahoma State Department of Health

Effective: 05.30.2017

COUNTY HEALTH DEPARTMENTS

A basic function of county government, a county health department develops, implements and administers programs and services that are aimed at maintaining a healthy community.

- 68 county health departments
- 2 independent city-county health departments*
- 7 counties without county health departments
- Local County Boards of Health
- Medical Directors

*Oklahoma and Tulsa Counties operate city-county health departments independent from the OSDH health network.

Potential Services and Programs Provided at a County Health Department

- Maternal and Child Health
- WIC (Women, Infant, Children)
- Consumer Protection
- HIV/STD
- Health Promotion
- Chronic Disease
- Acute Disease
- Dental Health
- SoonerStart
- Immunizations

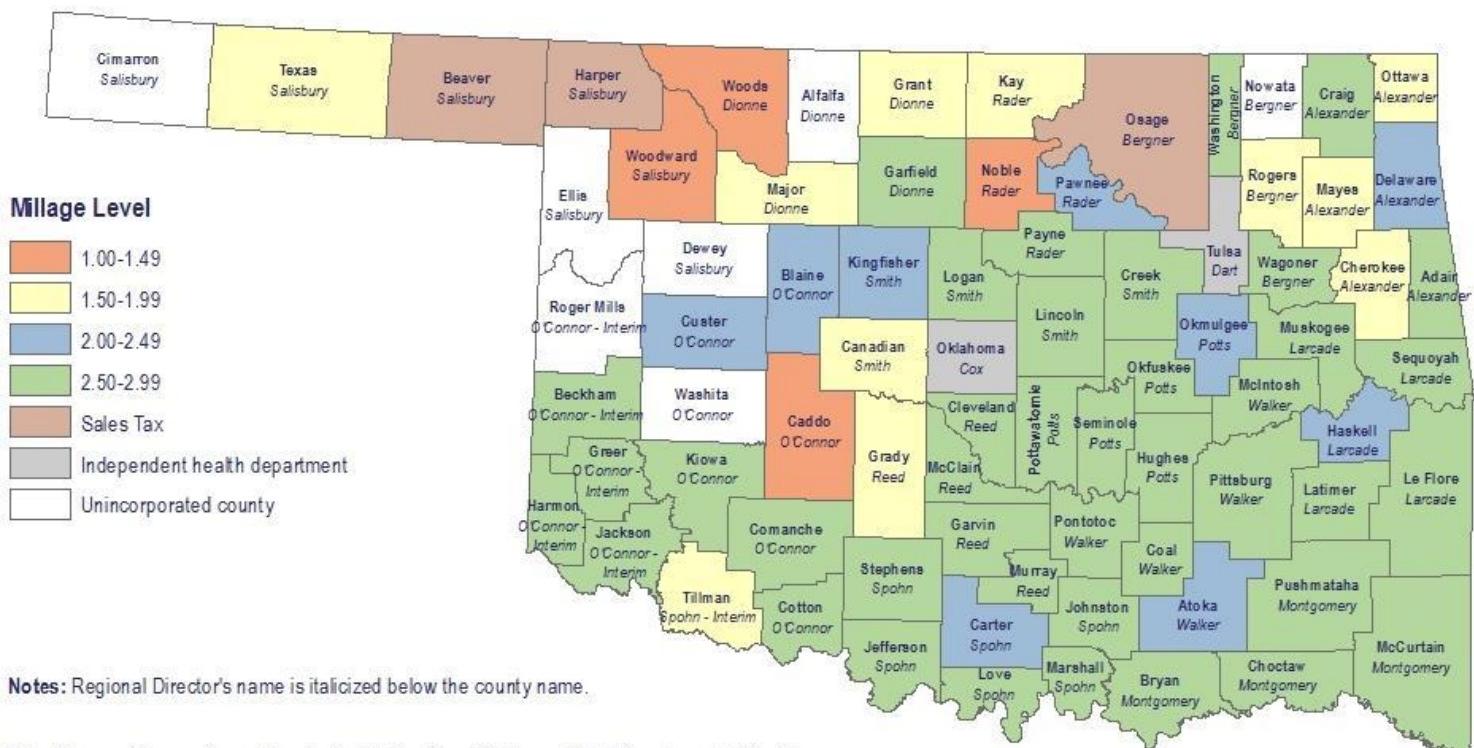


COUNTY HEALTH DEPARTMENTS

Tax rates or millage levies are set by procedures in the Oklahoma Constitution or voted directly by the taxpayers. A mill is one-thousandth of a dollar. For convenience in Oklahoma, a tax rate (the sum of all mills levied) is expressed as dollars per thousand dollars of assessed value. A tax rate of 2 mills, for example, would be \$2 tax dollars.

For counties with established county health departments, the county residents have voted to fund a local county health department through either millage, sales tax, or a combination of the two. Millage rates vary from the minimum of 1 mill to a current maximum of 2.5 mills.

County Health Department Millage Levels



Data Source: Community and Family Health Services, Oklahoma State Department of Health.

Created: 04.25.2017

SFY16 COUNTY HEALTH DEPARTMENT SERVICES/ENCOUNTERS/UNDUPLICATED CLIENTS

SFY 2016			
PROGRAM	SERVICES	ENCOUNTERS	UNDUPLICATED CLIENTS
ADULT SERVICES	20,225	9,901	7,106
CHILD HEALTH	104,372	48,092	39,698
CHILDREN FIRST*	28,568	28,568	3,097
DENTAL	6,320	1,044	439
EARLY INTERVENTION	132,381	130,822	10,471
FAMILY PLANNING	427,686	98,194	51,461
GUIDANCE	28,850	20,754	4,940
IMMUNIZATIONS	317,779	115,723	105,375
MATERNITY	1,507	401	118
STD	218,612	37,469	27,537
TAKE CHARGE	2,144	391	378
TUBERCULOSIS	92,785	38,093	17,201
WIC	1,730,476	191,695	106,840
TOTAL**	3,111,705	721,147	374,661

Notes: Numbers include Oklahoma City-County Health Department and Tulsa City-County Health Department

*Children First data are queried from the Efforts to Outcomes (ETO) database.

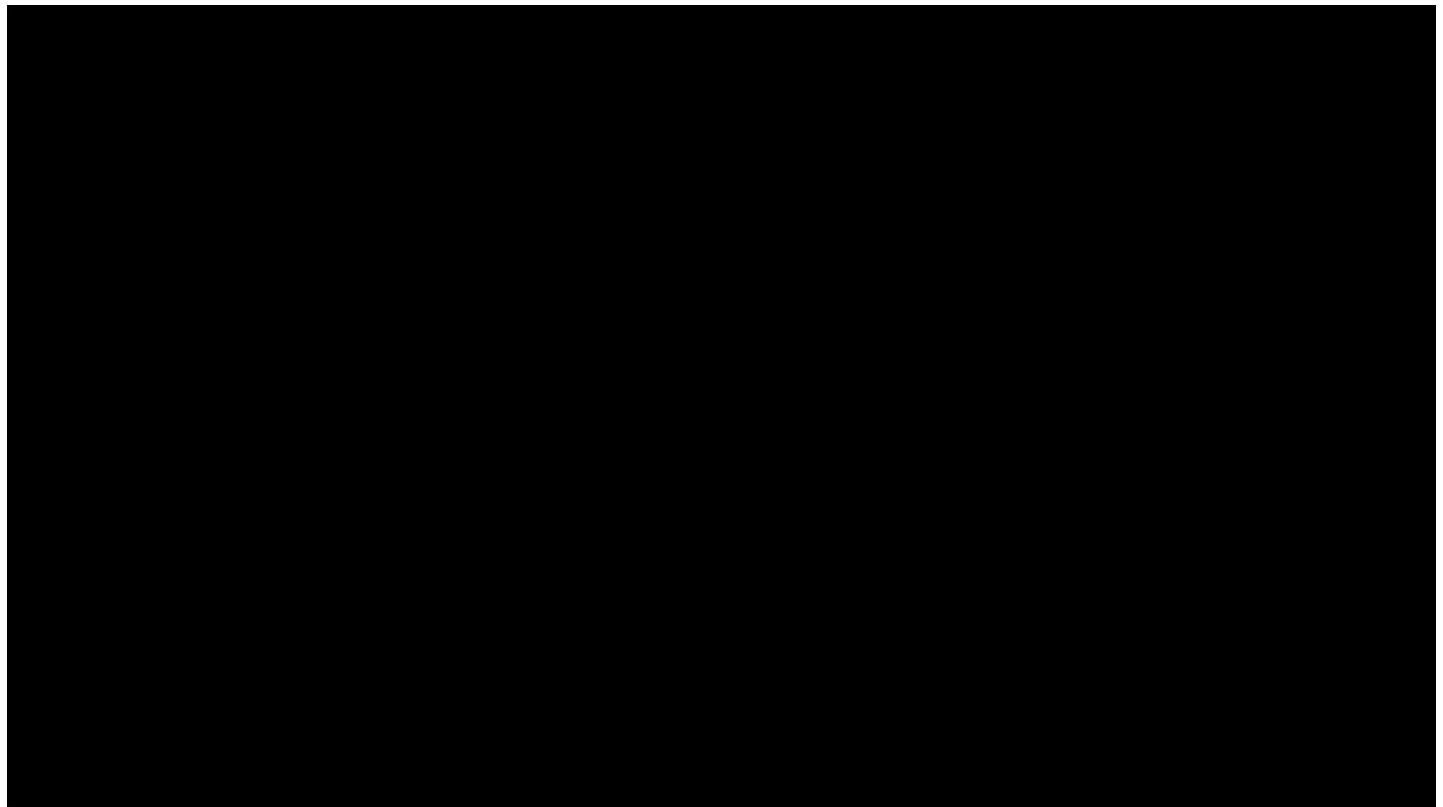
**Total information is a sum of above columns.

COUNTY HEALTH DEPARTMENTS CONSUMER PROTECTION DEPARTMENTS

SFY16 PUBLIC HEALTH SPECIALIST ACTIVITY SUMMARY*	
Retail Food Service	48,565
Hotel/Motel	1,558
Public Bathing	4,975
Child Care Food Facilities	588
Rabies	701
Complaints	1,533
TOTAL	57,920

*Includes Oklahoma and Tulsa Counties

Cleveland County Open Streets

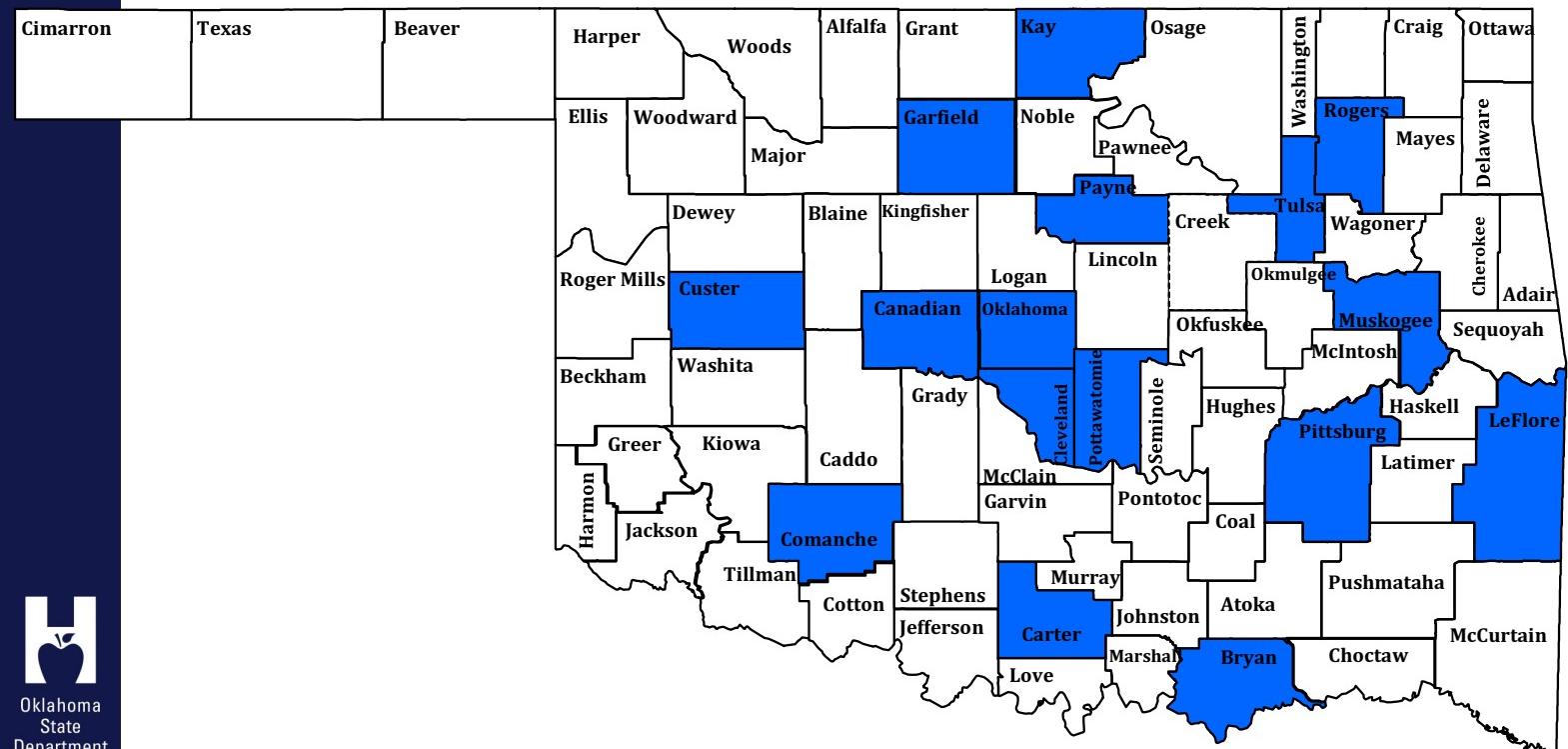


Child Guidance Service

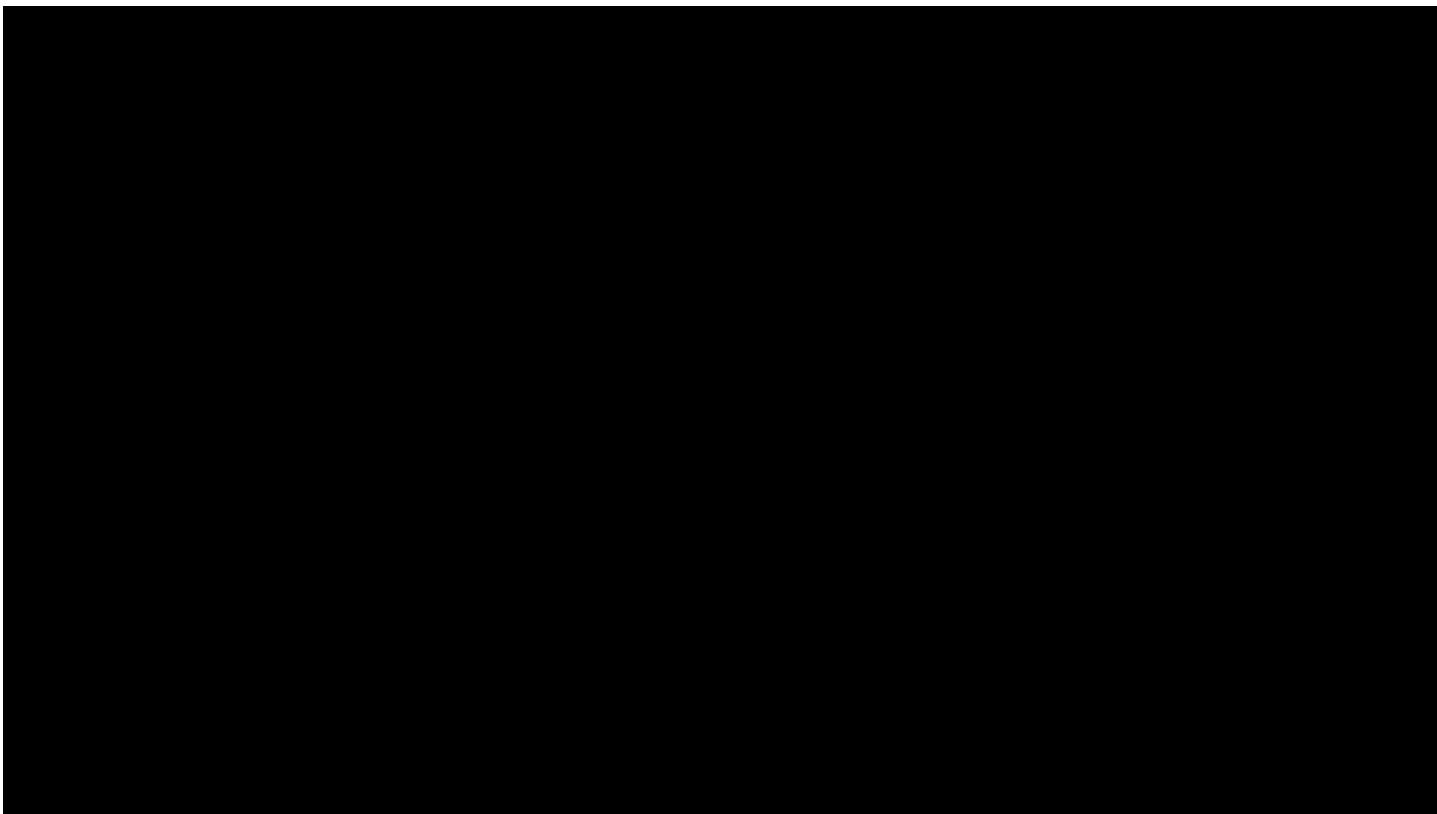
Director: Beth Martin, M.A., C.C.C

- Child Guidance Program-Clinic based services for children birth to age 13
- OKDHS Child Care Warmline-Provides live and automated support for child care facilities
- Abstinence Education Grant Program
- Project LAUNCH (Linking Unmet Needs in Children's Health)
Roger's County Pilot
- WIC PLUS+ (Providing Learning Understanding and Support)
- Early Childhood Mental Health Consultation-Coordinated network of consultants that support subsidized child care facilities

Child Guidance Clinic Regional Hubs



Project Launch



Dental Health Service
Director: Jana S. Winfree, DDS, MPH

Directs all dental public health programs and advises the Department on matters involving oral health.

Dental Health Education and Tobacco-Use Prevention Program

Target Population: Children and their primary caregivers impacted by public health nurses, WIC personnel, home visitation personnel, MCH staff, health profession students, health educators, partners and stakeholders; and the Oklahoma Dental Association for smoking cessation

Program Description

- Dental public health outreach and promotion to prevent dental diseases.
- Improve knowledge and motivate behaviors of parents and children concerning oral health and overall health.
- Relay benefits of proper nutrition, fluorides, drinking water, and oral hygiene.
- Relay detriments of sugar-sweetened beverages, sports drinks, prolonged bottle/sippy cup usage, poor eating habits, and smoking.
- Partner with the Oklahoma Dental Association to promote dentists using the Oklahoma Tobacco Helpline.

FY 16 Services

- Dental education encounters to children 86,000
- Dental education encounters to children 0-5 and caregivers 6,100
- Lectured to partners, OSDH personnel, and students to empower others in relaying the message that dental health is associated with physical, systemic, mental, social, and overall health.

Community Water Fluoridation Program

Target Population: All Oklahomans

Program Description

- Educate, promote, and support fluoridation efforts within communities via health advocates.
- In partnership with the Oklahoma Dental Association, inform decision-makers and generate publicity for CWF.
- Maintain database for CDC's My Water's Fluoride website.
- Collaborate with Department of Environmental Quality, Water Quality Division.



Fluoride Varnish Program

Target Population: WIC children who visit the County Health Departments (CHDs)

Program Description

- Train and implement public health nurses in CHDs to apply Fluoride Varnish to the teeth of children to help prevent tooth decay and counsel parents.

FY 16

- 2.5 Million Oklahomans received fluoridated water (70% of those on public water supplies).
- Updated the State Fluoridation Plan.
- Fluoridation Quality (CDC/ASTDD) awards distributed to deserving water treatment plants.
- Trained public health nurses on children's oral health and Fluoride Varnish application techniques.
- 2,000 children received Fluoride Varnish in 22 CHDs.

Oklahoma Dental Loan Repayment Program

Target Population: Medicaid recipients dependent on the state for dental care

Program Description

- Dental education loan repayment assistance for new Oklahoma licensed dentists for up to five years per dentist (maximum 25 full time equivalent dentists if fully funded).
- Dentists work in designated shortage areas seeing minimum 30% Medicaid patients, or are faculty at the OU College of Dentistry.
- \$25,000 annual assistance per dentist per year.

FY 16

- 33,650 Medicaid encounters by the participating dentists, predominantly children.
- 22 dentists participated (19 in shortage areas and 3 at OUCOD).

Oklahoma Oral Health Needs Assessment of Third Grade Children

Program Description

- Surveillance activity to determine the prevalence of dental disease in 3rd grade children.

FY16

- 1,285 3rd grade children received dental screenings and dental education in 36 schools.
- Partnered with OU Colleges of Public Health and Dentistry.
- 66% of 3rd grade children have experienced dental decay.

2016 Oklahoma Mission of Mercy

- Mass dental clinic serving Oklahomans unlikely to receive care elsewhere.
- 1,600 adults and children received dental care, education, and had access to immunizations.
- Endorsed by the Oklahoma State Department of Health.

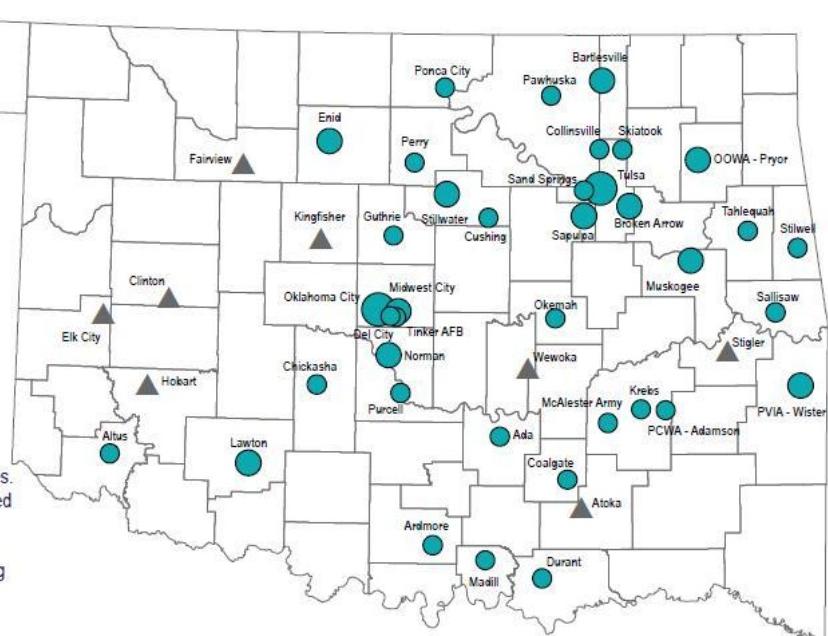
Status of Water Fluoridation in Oklahoma

Community Water Systems Adjusting Fluoride

- < 30,000 population served
- 30,000 - 125,000 population served
- > 125,000 population served
- ▲ Ceased Adjusting Fluoride Levels within Last 5 Years

Note: Many public water systems sell their water to nearby communities. For example, Bixby, Glenpool, Jenks, and Yukon all purchase fluoridated water from other systems.

To learn more about adjusted and natural fluoride levels in your drinking water, go to the webpage [My Waters Fluoride](#).



Data Sources: Water Treatment Plants, Oklahoma Department of Environmental Quality, Environmental Labs, Centers for Disease Control and Prevention. Data compiled by Dental Health Service, March 2017.

Projection/Coordinate System: USGS Albers Equal Area Conic

0 37.5 75 150
Miles



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



Dental Health Service
Community and Family Health Services
Oklahoma State Department of Health
Map created by Health Care Information
on 12.21.2009. Revised by Community
Epidemiology and Evaluation 03.20.2017

Family Support & Prevention Service
Director: Annette Wisk Jacobi, J.D.

parentPRO – Home Visiting Services

A collection of home visiting programs utilizing three evidence-based models. parentPRO connects families with the program in their area that best meets their needs.

Website: www.parentPRO.org

Toll-free number: 1-866-271-7611 (answered in English and Spanish;
can also connect to the Child Guidance Warmline professionals)

1) Children First: Nurse-Family Partnership Model

Eligibility: Client must be a first time mother; household income must be at or below 185% of Federal Poverty Level; and mother must be less than 29 weeks pregnant at enrollment.

Program Description: Specially-trained registered nurses work with the mothers to improve pregnancy outcomes, the health and well-being of the child, and the self-sufficiency of the family.

SYF 2016 Service Numbers: Within 70 counties, 2,810 families were served and 27,409 number of home visits were completed.

Funding Sources: local millage, state general revenue, Medicaid, the federal Maternal, Infant and Early Childhood Home Visiting Grant, and the federal Community-Based Child Abuse Prevention Gran

SFY 2016 Outcomes include, but are not limited to:

* Child Abuse: Of the 1,820 children served, 1,722 of them (95%) had not been named as a potential victim in a child abuse report. Furthermore, 1,819 (99%) have not been named as a victim in a *confirmed* child abuse report.

* Smoking: 95% of the mothers served quit, reduced, or never began smoking between intake and 26 weeks of pregnancy.

* Postpartum Depression: 12% of the mothers screened for postpartum depression had a positive screen and required immediate attention by a health care or mental health professional.

* Breastfeeding: 88% of the mothers initiated breastfeeding.

2) Parents as Teachers*

Eligibility: Pregnant mothers or families with children under the age of five years that do not qualify for Children First. Priorities given to families with risk factors stated in the Maternal, Infant and Early Childhood Home Visiting Grant (ie history of child abuse, military family, parent or child with a disability, tobacco used in the home).

Program Description: Specially-trained parent educators work to improve parent-child interaction, the child's readiness for school, and the self-sufficiency of the family.

SYF 2016 Service Numbers: Within 28 counties, 1,961 families were served and 15,997 number of home visits were completed.

Funding Sources: state appropriations to the Oklahoma Child Abuse Prevention Fund, and the federal Maternal, Infant and Early Childhood Home Visiting Grant

SFY 2016 Outcomes include, but are not limited to:

* Child Abuse: Of the 726 children served, 566 of them (78%) had not been named as a potential victim in a child abuse report. Furthermore, 674 (93%) have not been named as a victim in a *confirmed* child abuse report.

* Smoking: Of the parents that smoked, 27% reduced or quit smoking.

* Postpartum Depression: Of the mothers screened for postpartum depression, 77% indicated signs of depression and 13% of the mothers' screens required immediate attention by a health care of mental health professional.

* Employment: Of the parents served who were unemployed at enrollment, 48% found work within the year.

parentPRO Pilot – Four county health departments are piloting a comprehensive family support system including PAT programs using traditional parent educators and nurse parent educators as well as other services such as case management.

*During SFY 2016, programs operated under Healthy Families America model, but used the Parents as Teachers curriculum. Beginning in SFY 2017, all programs were required to operate under the Parents as Teachers model only.

3) SafeCare – contract with the University of Oklahoma Center on Child Abuse and Neglect

Eligibility: Pregnant mothers or families with children under the age of five years experiencing violence, untreated mental illness, and/or substance abuse.

Program Description: Specially-trained parent educators work to improve parent-child interaction, home safety, and use of appropriate medical services. An additional module focusing on healthy relationships has been developed, researched and added to the Oklahoma implementation.

SYF 2016 Service Numbers: Within Oklahoma and Tulsa Counties, 144 families were served and 2,191 number of home visits were completed.

Funding Sources: state appropriations, and the federal Maternal, Infant and Early Childhood Home Visiting Grant

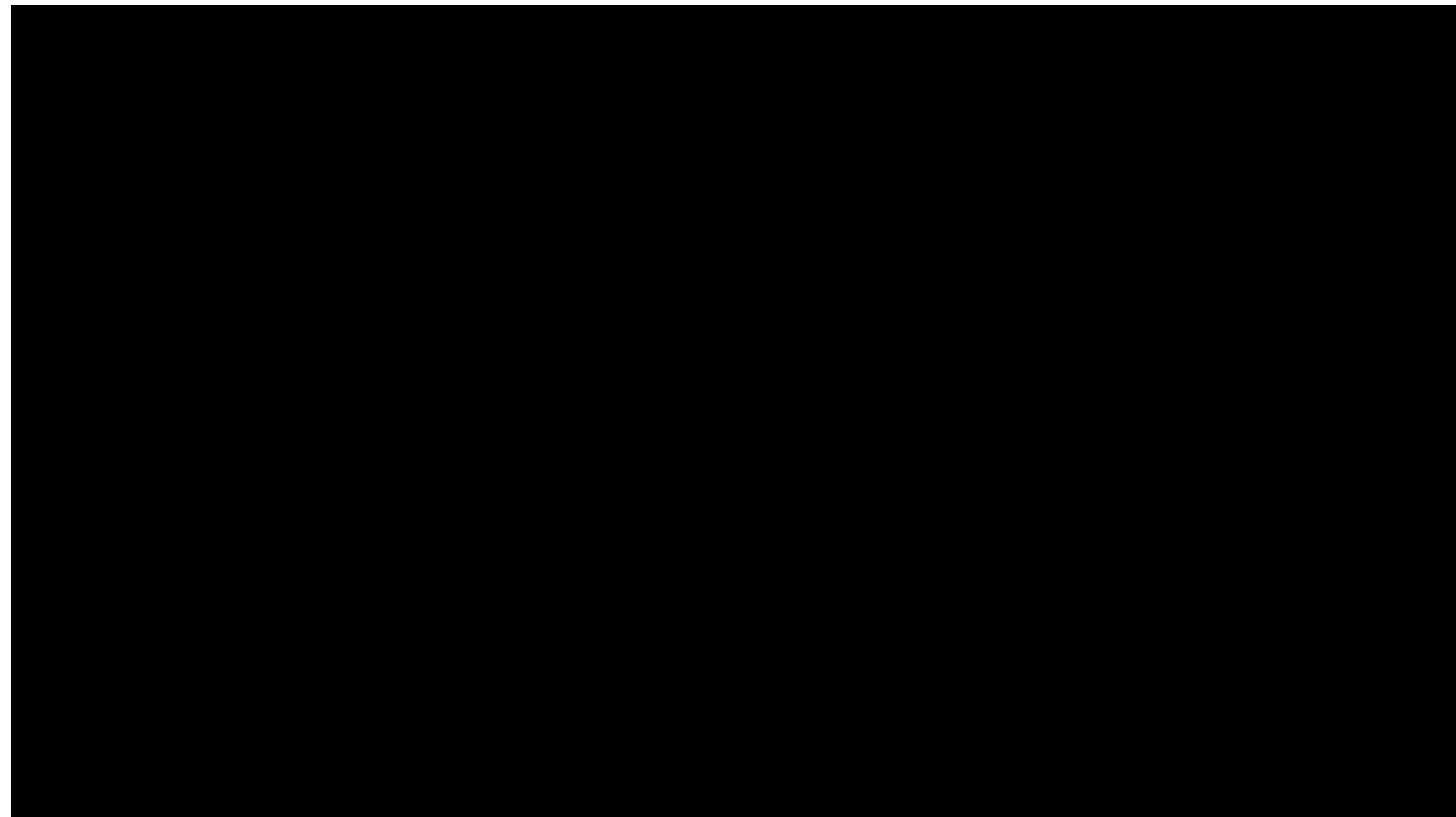
The Federal Community-Based Child Abuse Prevention Grant (CBCAP)

- CBCAP is a federal grant designed to support the development and expansion of community-based, prevention-focused programs and activities that improve child and family well-being as well as reduce the incidents of child maltreatment. Oklahoma efforts have focused on
 - Protective Factors Trainers capable of providing education and information to a wide variety of audiences
 - Training for those working within the prevention field – particularly home visitors/parent educators
 - “Circle of Parents” Support Groups
 - “Incredible Years” Parent Education
 - Shaken baby prevention activities such as the “Period of Purple Crying”
 - Co-sponsoring conferences that enhance professional development
 - General awareness activities

Alternatives- to-Abortion

- Contracts provided to organizations promote childbirth instead of abortion by providing information, counseling and support services that assist pregnant women or women who believe they may be pregnant to choose childbirth and to make informed decisions regarding the choice of adoption or parenting with respect to their children. State funding is used to support adoption and housing services.

Parent Pro



Maternal and Child Health Service

Director: Joyce Marshall, MPH

Child and Adolescent Health Division

Target population: 0 through 21 years of age

General Activities

- Assure health of all Oklahoma infants, children, and adolescents.
- Develop state health care policies and procedures based on federal and state requirements as well as recognized national guidelines and best practices.
- Provide resources, technical assistance, consultation, and monitoring of health care services
- Monitor health status of the target population.

Child Health Services

Program Description

- Provide gap-filling services with a priority of serving the uninsured and underinsured populations: physical exams, indicated lab, and/or treatment of minor acute illnesses.
- Providing clinical services as indicated in county health departments.

Services Provided

- Under the Title V Block Grant, MCH provided services to 606,335 children in 2015.

Sudden Infant Death Syndrome (SIDS)/Infant Safe Sleep

- Provide leadership and serve as a resource for SIDS and Infant Safe Sleep activities at the state and community levels.

Breastfeeding

- Provide leadership and serve as a resource to promote and support state and community level breastfeeding activities.

Adolescent Health

- Assist communities and organizations in promoting and building resilience in youth and addressing health challenges.
- Develop programs that reduce risk-taking behaviors of adolescents (violence, suicide, bullying, unintentional injury, substance abuse).
- Implement teen pregnancy prevention strategies through community-based teen pregnancy prevention projects.

Early Childhood

- Supports leadership and infrastructure for state early childhood system which includes: access to health insurance and a medical home; mental health and social-emotional development; early care and education/child care; parenting education; and family support.

Injury Prevention

- Support for Oklahoma Poison Control Center.
- Provide resources, technical assistance and training to prevent bullying, youth suicide, etc.
- Provide resources and technical assistance in reducing infant abusive head trauma.

School Health

- Provide leadership and coordination for preventive health and safety services to children and families through collaborative partnerships with other state agencies and organizations.
- Activities include development of policy and standards; provision of technical assistance, assessment, outreach, training, and resources.

Perinatal and Reproductive Health Division

Target Population: females and males of reproductive age.

General Activities

- Assure health of all Oklahoma infants and reproductive age women and men.
- Develop state health care policies and procedures based on federal and state requirements as well as recognized national guidelines and best practices.
- Provide resources, technical assistance, consultation and monitoring of health care services; and
- Monitor health status of the target population.

Family Planning Program

Program Description

- Assist males and females to make informed decisions regarding family planning services and preconception health screening.
- Promote family involvement and provide community-based education and outreach activities.
- Provide physical exams, indicated lab (e.g., pap screening, sexually transmitted disease screening), pregnancy diagnosis and counseling, education and counseling on prevention of pregnancy and sexually transmitted diseases, information on the different contraceptive methods available, provision of contraceptive methods, and as indicated, referral.
- In SFY 2017, provided clinical services in 72 counties and 97 sites.

Services Provided:

- Served 47,843 individuals in 2016.

Perinatal Health/Maternity Services

Program Description:

- Provide gap filling maternity clinical services with a priority of serving the uninsured population: physical exams, indicated lab (e.g., blood, urine, pap screening, sexually transmitted diseases screening), education, counseling and as indicated, referral.
- Provide maternity clinical services in two counties currently and two additional prospective counties soon.
- Provide preventive health education for women (preconception and interconception) and men of reproductive age.
- Provide leadership for quality improvement initiatives and best practices through collaborative partnership with other state agencies and organizations.

Services Provided:

- Under the Title V Block Grant, MCH served 79,625 Oklahoma pregnant women in 2015.
- Preconception/Interconception health care and education provided in family planning clinics.

Maternal Mortality Review

- Review of all deaths to women while pregnant or within one year of termination of pregnancy from any cause related to or aggravated by the pregnancy.
- Multi-disciplinary team review; team reviews deaths quarterly.
- Recommends systems improvements to reduce preventable maternal deaths and improve pregnancy outcomes.

Fetal and Infant Mortality Review

- Review of fetal and infant deaths.
- Contracts with Oklahoma City County Health Department and Tulsa Health Department.
 - Including metropolitan statistical areas.
- Recommend systems improvements to reduce the number of preventable fetal and infant deaths and improve infant outcomes.

Maternal and Child Health Assessment

General Activities:

- Activities include population-based surveillance for assessing risk factors associated with poor health outcomes; program reporting to monitor services offered through local health departments and community clinics; and other surveys to assess health systems and health status of specific MCH populations.
- Contributes evaluation and assessment support to the programs and services provided by MCH and CFHS and collaborates with researchers on health issues affecting the MCH targeted populations.

Pregnancy Risk Assessment and Monitoring System (PRAMS)

- Ongoing statewide surveillance that collects information about a woman's behaviors and experiences before, during and after pregnancy with information used to guide policy and services to improve mother and infant outcomes.
- Provides data on preconception health, pregnancy intention, prenatal care, breastfeeding, tobacco use, infant safe sleep, postpartum depression, and maternal stressors.

The Oklahoma Toddler Survey (TOTs)

- Ongoing statewide surveillance that is a two-year follow-back survey to the PRAMS.
- Collects data about the health and well being of Oklahoma's toddler population with information used to guide programs and health policy in Oklahoma.
- Includes questions about healthcare and insurance coverage, illness and injury, childcare, safety, breastfeeding, and family structure.

Youth Risk Behavior Survey (YRBS)

- Statewide survey of Oklahoma public school students in grades 9-12; administered during the spring semester of every odd-numbered year.
- Measures prevalence of health risk behaviors such as sexual behaviors; alcohol, tobacco, and drug use; behaviors contributing to unintentional injury and violence, and physical activity and dietary behaviors.

State Systems Development Initiative (SSDI)

- Special grant from the Maternal and Child Health Bureau designed to develop a multi-linked database that includes data from state registries, population-based surveillance, client services and Medicaid eligibility and reimbursement files for more effective monitoring and evaluation of the health status of the MCH populations.

Medicaid – MCH Data Linking Project

- Collaborative OSDH/OHCA data linking project (e.g., Medicaid, Vital Records, PRAMS) and analyses of data for quality improvement, evaluation and setting of policy, etc.

Recent Maternal and Child Health Service Significant Accomplishments

- Received **Virginia Apgar Perinatal Leadership Award** for **8% reduction in pre-term births** in last five years (2010-2015.)
- **Decline of 96% in four years in early elective deliveries prior to 39 weeks** in Every Week Counts campaign – a **reduction from approximately 8 per day to 1 every 3.5 days**. Corresponding to this, **births from 39-41 weeks increased by 12%** and **births at 36-38 weeks decreased by 17%** (2011-2014.) Additionally, **a minimum of \$4.49 saved for every \$1.00 spent** in the program.
- Six birthing hospitals in Oklahoma have received top honors as **nationally designated Baby Friendly Hospitals** and **over 14%** of all Oklahoma babies are now occurring in Baby Friendly hospitals.
- Received **Outstanding Implementation for the Period of PURPLE Crying** award by the National Center on Shaken Baby Syndrome for having **over 85% of newborn parents in Oklahoma** being covered under the evidence-based educational program to reduce infant abusive head trauma incidences.
- Cribs pilot is showing promising behavior changes in infant safe sleep, and **over 60% of all births (including over 60% of all American Indian and African American births)** are covered by birthing hospitals in **infant safe sleep** policy and sleep sack participation program.
- **Teen birth rate for ages 15-17 decreased by almost 40%** in last five years (2010-2015).

Early Intervention Program (SoonerStart)

Director: John Corpilongo, M.S.

Target Population

- Provides early intervention services statewide to infants and toddlers with developmental delays (birth to 36 months) and their families who are eligible under federal law and the Oklahoma Early Intervention Act.
- The State Department of Education serves as lead agency and the OSDH provides direct services through an interagency contract.

Program Description

- Conditions eligible for services include, but are not limited to Down syndrome, cerebral palsy, spina bifida, communication disorders, cognitive disabilities, motor impairments, auditory or visual disabilities and autism spectrum disorders.
- Individualized services include both evaluations and intervention and are provided by highly qualified providers such as speech-language pathologists, occupational and physical therapists, early childhood specialists, nurses, psychological clinicians, social workers, nutrition therapists and others.

Services Provided

- For state fiscal year 2017 (SFY17), 12,899 children aged birth to 3 years were funded to receive screening, evaluation, assessment and services.
- During this same time period, a year-end monthly caseload of 2,923 infants and toddlers was funded, which includes children not eligible for the program, but referred to other programs for services.

SFY 12 SoonerStart Significant Accomplishments:

- SoonerStart providers continue to use an on-line tool (AutismPro) to improve the program's individualized service plans for children with an autism spectrum disorder. On-going training is provided to meet the program's goal for having staff trained in each region to provide evidence-based screening procedures and interventions for autism.
- Ed Plan, the program's web-based data system, was implemented across the state to improve data collection, reporting and analytical capabilities, in accordance with all state and federal requirements. Two training sessions were provided to all teams statewide to support the implementation of this new data system.
- During this time period, 56% of infants and toddlers served were functioning within age expectations by the time they exited the program for their social-emotional skills, 51% in acquiring and using knowledge and skills, and 87% in taking appropriate action to meet their needs. This is significant in view of the children served by SoonerStart have developmental delays or disabilities, or are at high-risk for these conditions.
- Eighty percent (80%) substantially increased their rate of growth in social-emotional skills, 85% in acquiring and using knowledge and skills, and 87% in taking appropriate action to meet their needs.
- These outcomes are reported to the United States Department of Education, Office of Special Education Programs (OSEP) as part of the program's quality improvement and accountability process.

Community Epidemiology & Evaluation

Director: Jennifer Han, PhD, CHES

Description: Community Epidemiology and Evaluation provides analytical and evaluative support primarily for Community and Family Health Services programs and county health departments, and works with other programs within and outside of the agency as well as community partners requesting data assistance.

Services:

- Provides epidemiologic, statistical, and evaluation support to programs and partners
 - Develops and implements evaluation plans
 - Researches, reviews, and creates survey instruments
 - Queries, collects, and manages data
 - Analyzes quantitative and qualitative data and prepares reports utilizing enhanced visualization techniques such as maps and infographics
- Coordinates and ensures a competent analytical staff among CFHS program areas through trainings and technical assistance
- Provides technical support on database development and management
- Assists with strategic planning and logic model development
- Produces State of the County's Health Reports

Women, Infants, and Children Program

Director: Terry Bryce

Target Population: The target population for WIC is pregnant, breastfeeding, and postpartum women, infants, and children up to the age of five. The income level has to be less than or equal to 185% of the poverty level, and participants must reside in the state of Oklahoma.

Divisions

- **Administrative Division**
- **Operations Division**
- **Nutrition Division**

Services

- The unduplicated caseload count served for SFY 2016 was 161,778. It should be noted funding for the program is related to an annualized FFY duplicated caseload number.
- Quality nutrition education and services.
- Breastfeeding promotion and education.
- Monthly supplemental foods containing specific nutritional content.
- Referrals and providing access to other health-care services.
- Supplemental foods provided through a network of 438 WIC vendors (grocers).

WIC Service Significant Accomplishments

- Completed successful statewide implementation of eWIC, utilizing a plastic mag stripe card instead of paper food instruments to deliver participant benefits.
- Component of Oklahoma eWIC will be implemented nationwide simplifying the ordering procedure of special formulas for infants with medical needs.
- Reached agreement with the nine Indian Tribal WIC programs in Oklahoma to partner in a State WIC conference. The Osage Nation will financially sponsor the conference.
- OSDH WIC's breastfeeding initiation rate of 82.1% exceeded Healthy People's 2020 breastfeeding initiation goal of 81.9% in 2014 and continues to climb to the current rate of 85.9%.
- The Breastfeeding Peer Counseling Program has experienced continued growth with expansion to 25 counties and 39 clinics statewide with additional clinics expressing interest in this evidence-based program. Plans are proceeding to collaborate with hospitals interested in having WIC Breastfeeding Peer Counselors work with their newborn infants and mothers to support breastfeeding.
- WIC participants are offered a variety of nutrition education choices to best meet their needs. Participants may attend group classes for facilitated discussion and interaction with others, access online nutrition education when it best fits their schedule or attend an appointment with the clinic's Registered Dietitian to receive individualized nutrition counseling. Currently, a pilot to utilize videoconferencing for group nutrition education is underway to reduce the nutrition therapist's time in travel to multiple clinics, provide coverage for nutrition therapist vacancies, and to make better use of time for provision of specialized nutrition education.
- Selected as Program of the Year for OSDH central office for CY 2016.
- State WIC Director selected by USDA to serve on the National Advisory Council on Maternal, Infant and Fetal Nutrition, representing all State WIC Directors nationwide.

FFY 2017 Challenges and Opportunities

- Continue efforts to reach WIC eligible population to participate in the program. Pursue opportunity to use technology to streamline participant services at the clinic and grocery store level, examples include continued expansion of on-line nutrition education, a grocery store app allowing participants to utilize their cell phones to insure a food item is WIC approved. We are currently exploring the use of text messages to remind participants of their appointments.

Records Evaluation and Support

Director: Mike Ewald

Records Evaluation and Support Division is an infrastructure unit that provides records management and operations support to the county health department administrators and staff. This unit coordinates with central office programs to implement new initiatives and monitor ongoing activities.

RES consists of:

- Seven regionally housed Records Consultants. These consultants are experts in OSDH computer systems, financial reporting requirements and clinical records procedures;
- Two administrative support staff; and
- The Director – an employee with over 35 years of county health department and central office experience.

Screening & Special Services

Director: Lisa Canton, RN, MS

The mission of the Screening and Special Services Division is to provide statewide surveillance, screening and specialized programs to protect the health of Oklahoma children and their families.

Newborn Screening Program

Target Population

- Every baby born in Oklahoma is required to have a blood test in the first week of life.

Program Description

- The newborn screen tests every baby for 54 hidden disorders. Babies with these disorders often appear healthy at birth. This makes it difficult for doctors to know if a baby has one of the hidden disorders without a blood test.
- Failure to treat a baby who has one of these disorders within the first month of life can lead to cognitive or intellectual disabilities, severe illness or death.
- If a baby is found to have a disorder immediate care and treatment by a special medical doctor is needed.
- The Program notifies the healthcare provider and family of every out-of-range result and provides follow-up and case management activities until the child is either diagnosed by a specialist with a disorder and placed on treatment or determined not to have the disorder.
- State statute 63 O.S. Section 1-533 and 1-534 gives the Oklahoma State Department of Health the responsibility for operating the program.

FY 2015 Services

- 53,132 births, 2,479 out-of-range results, 113 diagnosed with a disorder, 286 confirmed to be a carrier of a disorder

Screening & Special Services cont.

Newborn Hearing Screening Program

Target Population

- Every baby born in Oklahoma is required to have their hearing checked before they leave the hospital.

Program Description

- Good hearing is important for speech and language development. Hearing problems need to be identified as early as possible. If an infant has a hearing loss, steps can be taken to help the infant learn communication.
- Equipment at the hospital is used to see if an infant's hearing is within normal limits. Babies are also identified for risks of developing hearing loss later in life.
- The Program notifies the healthcare provider and family of every abnormal result and provides follow-up and case management activities until the child is diagnosed by an audiologist with hearing loss and placed in early intervention services.
- The Program provides equipment to SoonerStart, Child Guidance, Parent as Teachers, and OSDH Nursing Service for follow-up hearing screening for children birth to 13 years of age. This includes training, technical assistance, and annual calibration of screening devices.
- State statute 63 O.S. Section 1-534 gives the Oklahoma State Department of Health the responsibility for operating the program.

FY 2015 Services

- 53,132 births; 5,000 babies required follow-up activities; 200 diagnosed with hearing loss

Screening & Special Services cont.

Oklahoma Birth Defects Registry

Target Population

- Children identified with a birth defect through established case finding criteria.
- Women of child bearing age.

Program Description

- The Program protects and promotes the health of Oklahomans through statewide surveillance and investigation, thereby identifying opportunities to prevent birth defects, optimize early detection of birth defects, and reduce infant mortality.
- The Program provides care coordination to families, linking them to vital resources throughout the state.
- The Program provides education and multivitamins to women of child bearing age to reduce the risk of having a baby with a birth defect.
- State statute 63 O.S. Section 1-550.2 gives the Oklahoma State Department of Health the responsibility for operating the registry and assuring confidentiality of the data collected.

FY 2012 Services

- 52,740 births; 1,957 identified with a birth defect

Screening & Special Services cont.

Oklahoma Childhood Lead Poisoning Prevention Program

Target Population

- Every child in Oklahoma is required to have a blood lead screening at 12 and 24 months of age, however the program provides services to children 6 months to 72 months of age.

Program Description

- In babies and young children whose brains are still developing, even a small amount of lead can cause loss of IQ, learning disabilities, behavioral problems, and anemia.
- The Program conducts surveillance of elevated childhood blood lead levels and provides case management services for children 6 - 72 months who have an elevated blood lead level $\geq 5\mu\text{g}/\text{dL}$.
- The Program notifies the healthcare provider and family of every elevated blood lead result and provides follow-up and case management activities until the child's blood lead level reduces below $5\mu\text{g}/\text{dL}$.
- The Program also performs environmental investigations for children who are identified with significantly elevated blood lead levels. Environmental investigations provide an opportunity for the source of lead exposure to be identified and removed.
- State statute 63 O.S. Section 1-114.1 gives the Oklahoma State Department of Health the responsibility for operating the program.

FY 2016 Services

- 48,978 lead test results report to the program; 2,257 children required follow-up activities; 22 environmental investigations performed

O K L A H O M A S T A T E B O A R D O F H E A L T H

NEW BOARD OF HEALTH MEMBER ORIENTATION



Henry F. Hartsell Jr., Ph.D.
Deputy Commissioner for
Protective Health Services

July 24, 2017

Protective Health Services

- **Today's Objectives**
 - **What we do and why**
 - **Overview of services**
 - **How to get more information**

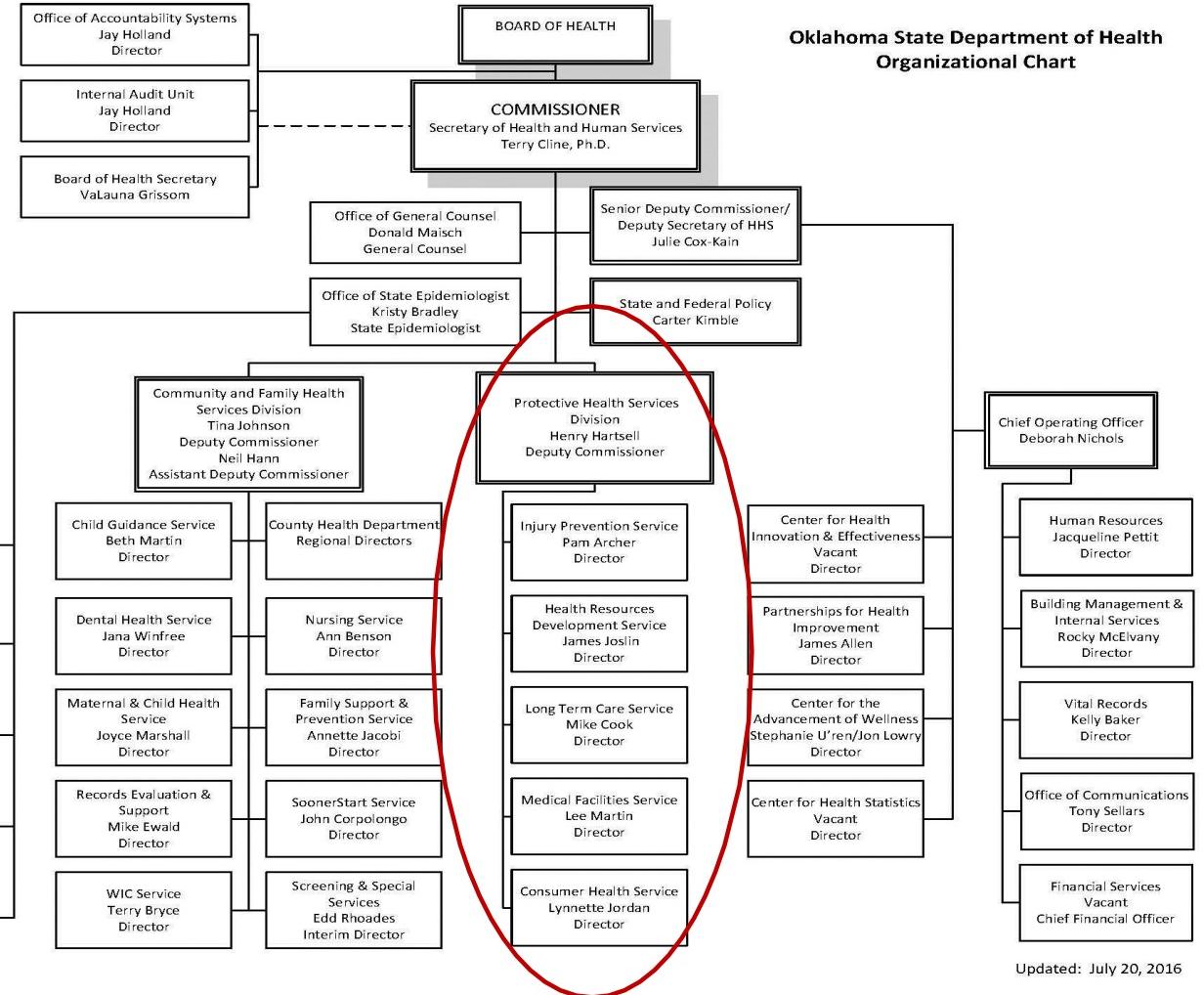
Protective Health Services: What we do and why

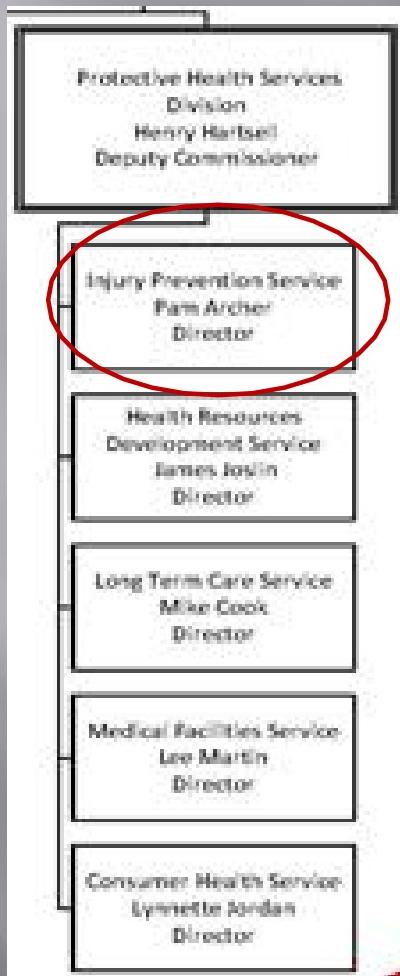
- **We:**
 - **License, certify, inspect, investigate, enforce, educate, prevent**
- **To:**
 - **Ensure compliance with public health standards, prevent injuries**
- **For the benefit of:**
 - **Everyone: public and licensees**
- **In order to:**
 - **Operate accountable services**
 - **Reduce morbidity and mortality**

Protective Health Services

37,000 Licensed businesses
80,000 Licensed individuals
\$70M Annual budget
60,000 Inspections and investigations
260 Protective Health staff members
~100 A little help from our friends







Injury Prevention Service

- Older Adult Falls
 - Unintentional poisonings
 - Prescription drug abuse
 - Traumatic Brain Injury
 - Sports related concussion
 - Abusive head trauma
 - Motor Vehicle Safety
 - GDL, distracted driving, child passenger safety
 - ATV Safety
 - Sexual Violence Prevention
 - Violent Deaths
 - Suicide, homicide, firearm injuries
- https://www.ok.gov/health/Protective_Health/Injury_Prevention_Service/





Health Resources Development Service

- Nurse Aide Registry
- Long term care licenses
- Certificate of Need
- Workplace medical plans
- Home care administrators
- Jail inspections
- Assessments for nursing home residents and home health agency clients
- Information on abuse by nurse aides available at:
http://www.ok.gov/health/pub/wrapper/nrs_aid.html





Long Term Care Service

- Nursing facilities
- Residential care homes
- Adult day care centers
- Assisted living centers
- Intermediate care facilities for individuals with intellectual disabilities



- Information on all long term care facility inspection reports at:
-
- http://www.ok.gov/health/pub/wrapper/PH_S-search.html

<http://www.youtube.com/watch?v=Ol6HBo9fscA>



Medical Facilities Service



- Hospitals
 - Ambulance services
 - Ambulatory surgery centers
 - Anatomical gifts, tissue & eye banks
 - Birthing centers
 - Clinical laboratories
 - Community mental health centers
 - Comprehensive outpatient rehabilitation
 - Outpatient therapy
 - Portable x-ray
 - Rural health clinics
 - Workplace drug & alcohol testing facilities
 - Emergency medical technicians, paramedics
 - Trauma fund -- \$30 million
 - Emergency system stabilization -- \$1.5 million
- http://www.ok.gov/health/Protective_Health/Medical_Facilities_Service/

Consumer Health Service



- Retail and wholesale food
- Swimming pools and spas
- Hotels & motels
- Diagnostic x-ray
- Mattress manufacturers
- Tattooing
- Body piercing
- Animal bites
- See restaurant inspection reports at:
<http://www.ok.gov/health/pub/wrapper/foodservice.html>



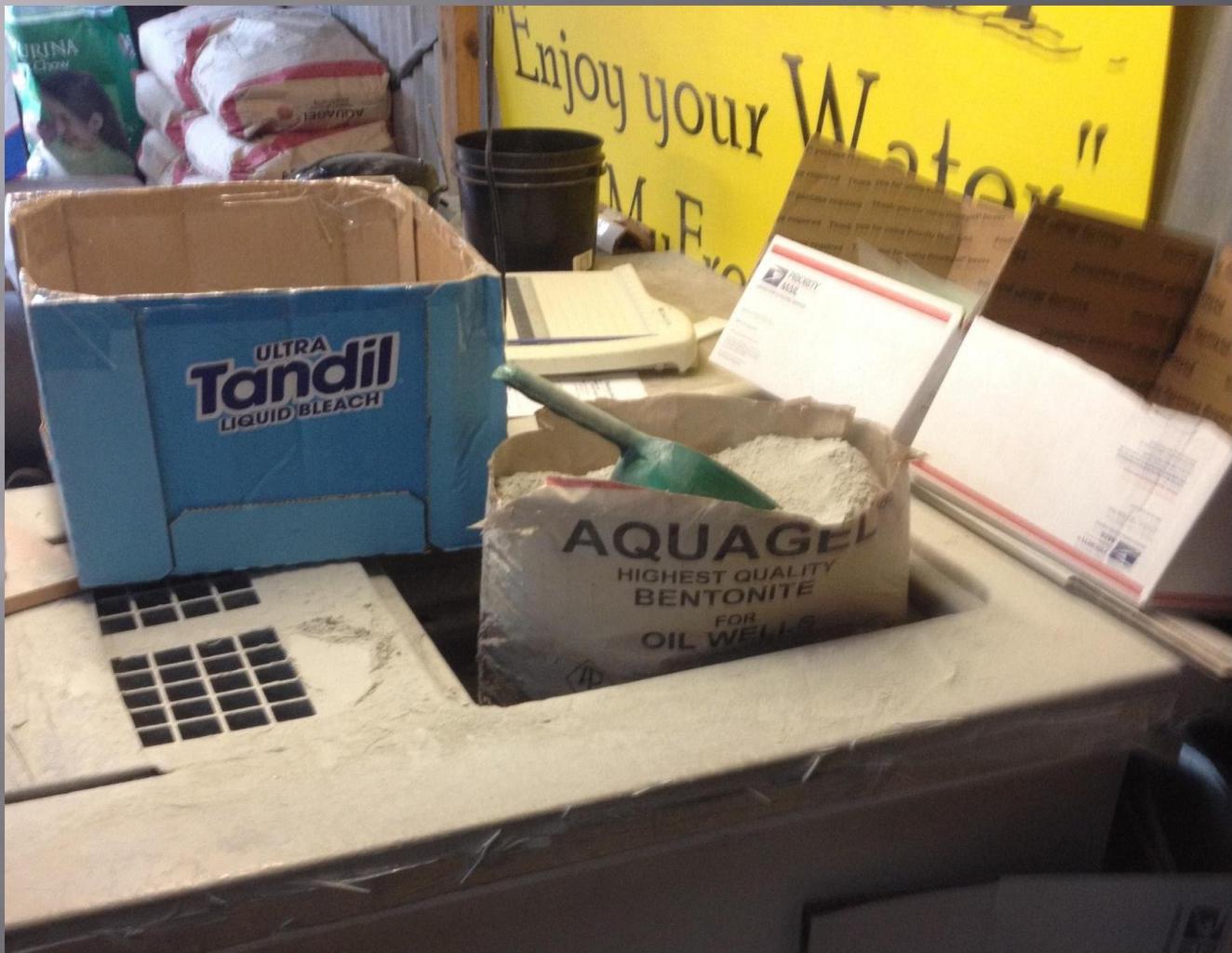
Handsink



MOPSINK



unApproved Food Source

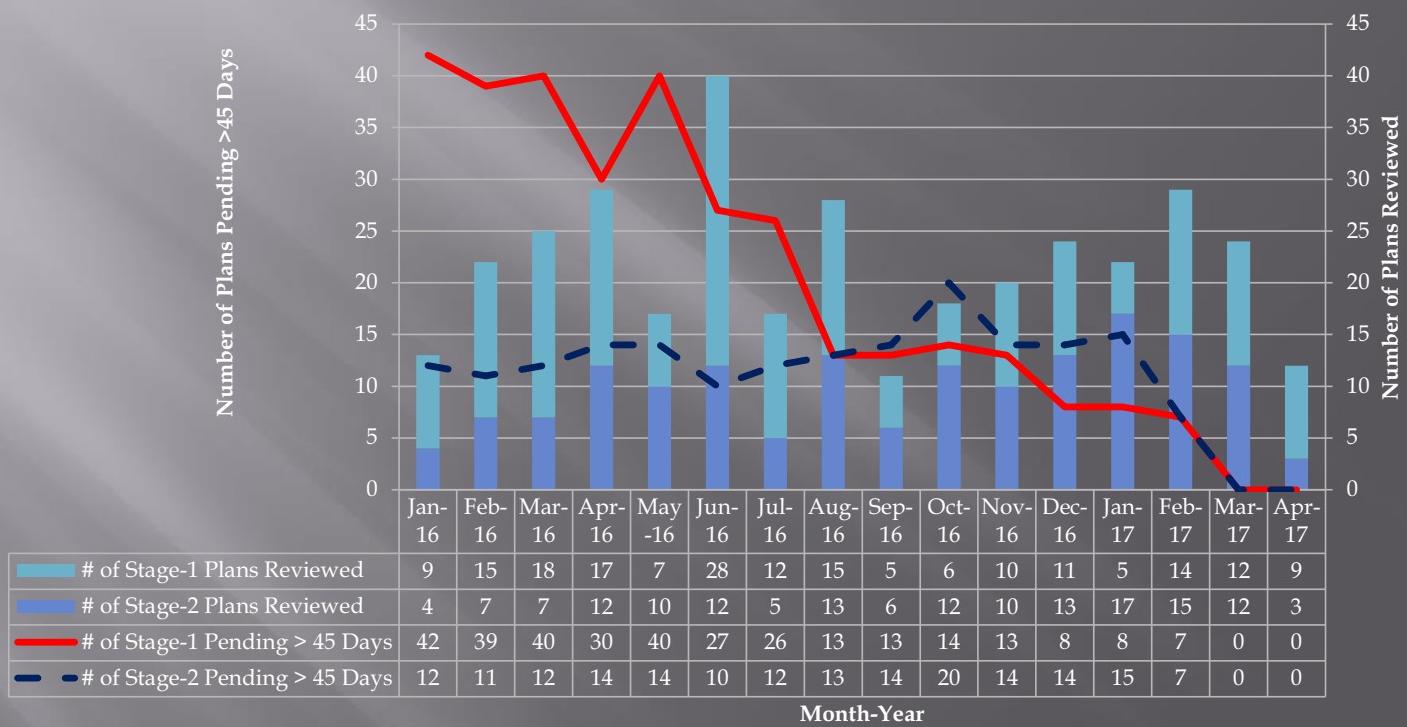


Walk-in Cooler Floor

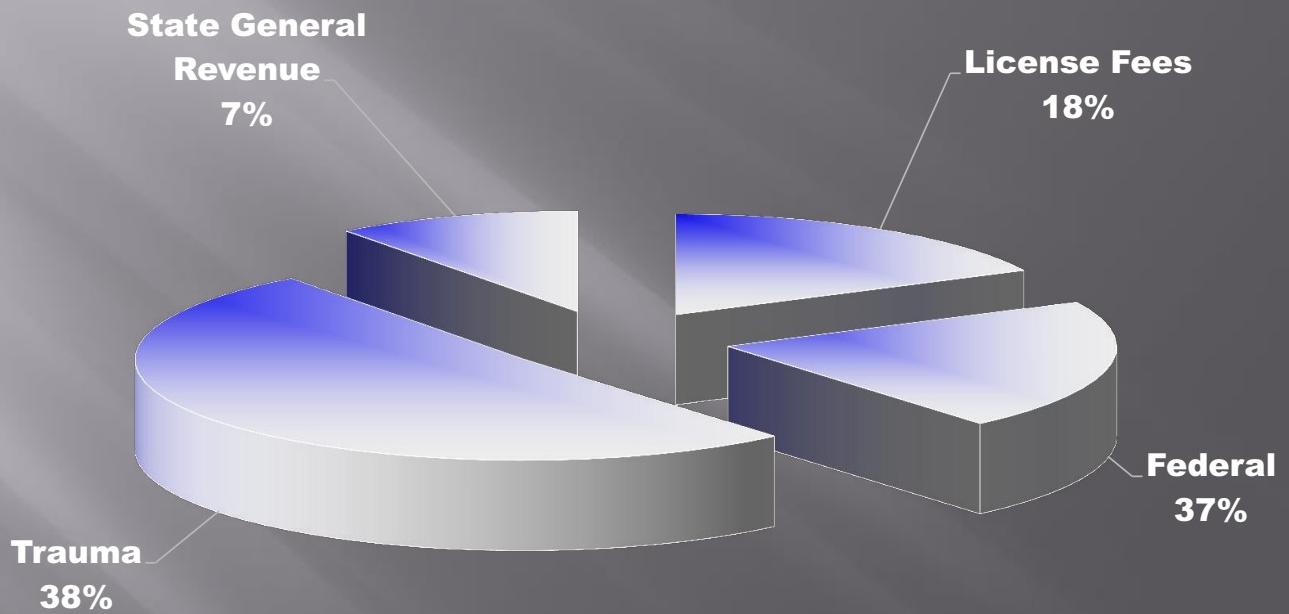


Health facility plan review improvement project

Figure 1: Number of Stage-1 and Stage-2 Plans reviewed, or Pending > 45 Days, at End of each Month



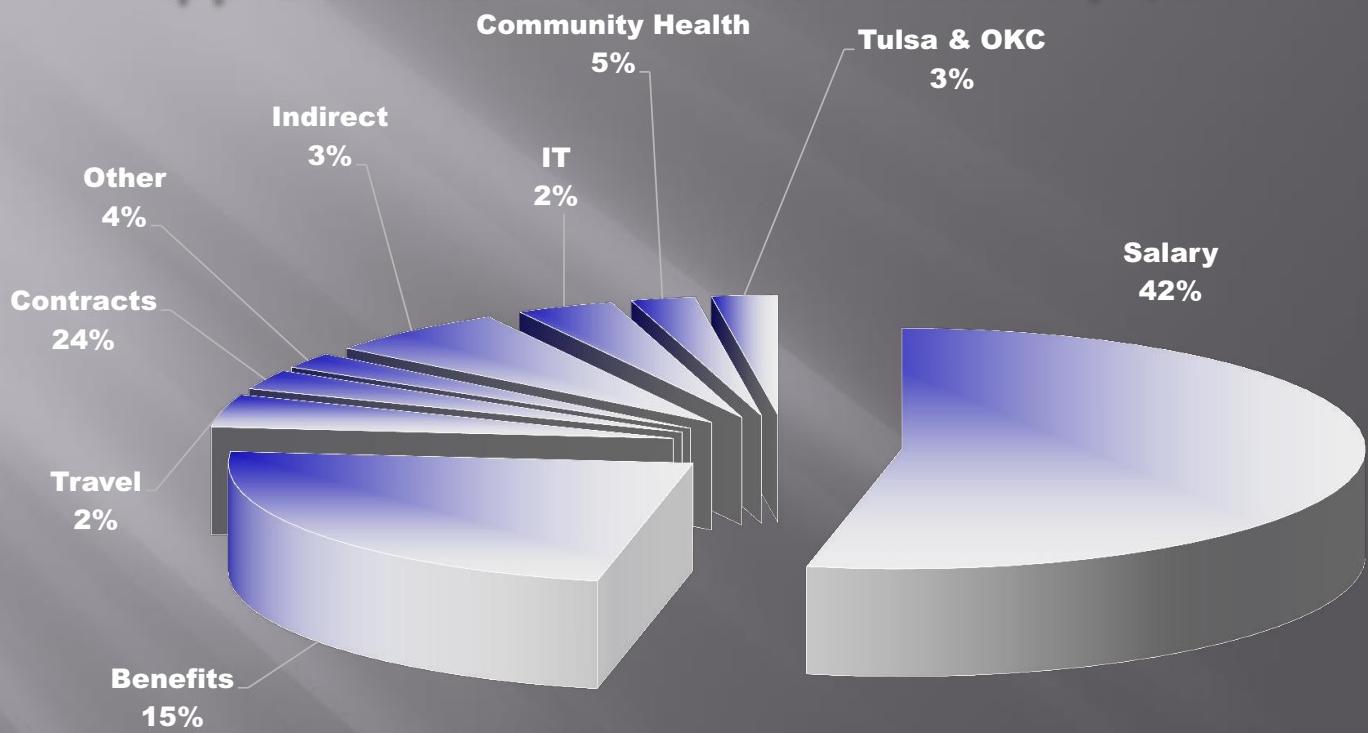
Protective Health Services Revenue (\$60 Million Annually)



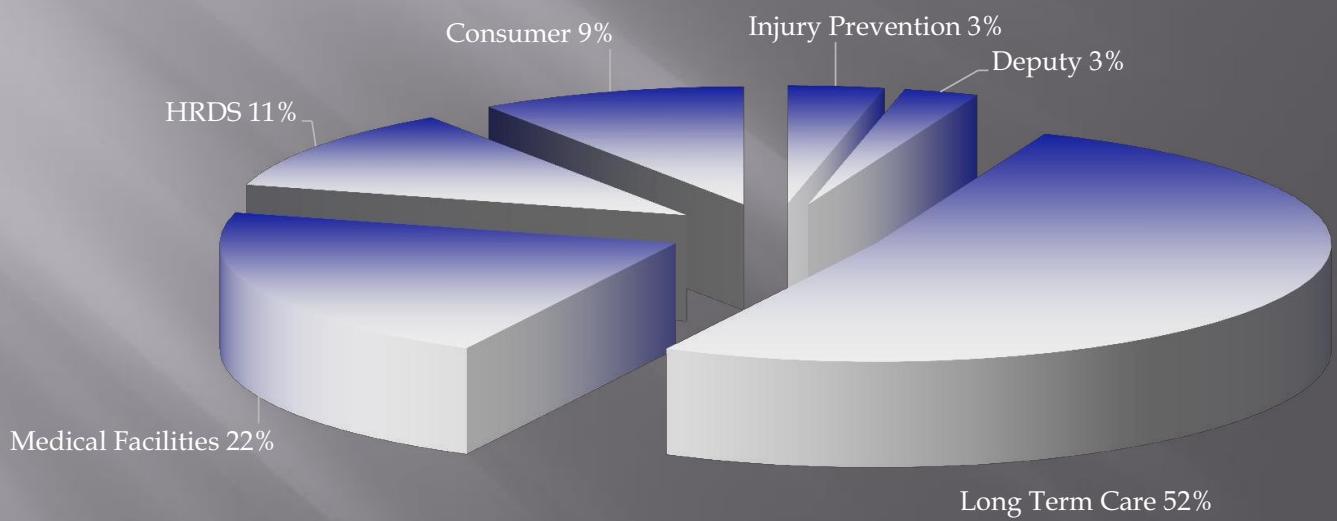
Protective Health Services Expenses

Excluding Trauma

Approximate Annual Distribution (~\$27 Million)



Full-Time Equivalent Personnel (Total (N= 255)



Need more
Information?

ANNUAL REVIEW | 2017

PROTECTIVE HEALTH SERVICES



<http://www.ok.gov/health2/documents/PHS-Fact%20Sheets.pdf>

Need more Information?



To see the PHS Annual Review, go to <http://go.usa.gov/2V7H> or on your smartphone:

- 1 Go to your application store, search for QR Reader and install application of your choice.
- 2 Open the application and aim your camera at the QR code.
- 3 Depending on the functionality of your application, the PDF will open or a link will appear for you to click.

<http://www.ok.gov/health2/documents/PHS-Fact%20Sheets.pdf>

Protective Health Services

Overview of Organizational Structure

2017

**Presented by Henry F. Hartsell Jr., Ph.D.
Deputy Commissioner for
Protective Health Services**

